

Lill Yeo

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

	DECERTIFIE	· · · · · · · · · · · · · · · · · · ·
	OFFICE (JSE ONLY
Date Received:	08/26/2020	Permit No.: B2020-3108
Date Issued:	9/20/20	BYC
CITY	OF BEAVERTON	Payment Type:

	nOregon.gov/blb	<u> </u>	A OF REVIEW ON Lander	i Type.
	OF WORK	BU	REQUIRED DATA: 1- ANI	2-FAMILY DWELLING
☐ New construction	☐ Demolition	25 A CONTROL OF THE PROPERTY O	Permit fees* are based on the valuation indicate the value (rounded to the	
✓ Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and the	e profit for the work indicated on
	F CONSTRUCTION		this application. Valuation \$250.00	-\$405,000
	☐ Commercial/industrial		Number, of bedrooms:	· 3
Accessory building	☐ Multi-family		Number of bathrooms:	2
☐ Master builder	☐ Other:		Total number of floors:	2.5
JOB SITE INFORM	IATION AND LOCATION			0 square feet
Job site address: 8820 SW Morgan Drive	9		New dwelling area:	0 square feet
City/State/ZIP: Beaverton, OR 97008	*		Garage/carport area:	
Suite/bldg./apt. no.:	Project name:		Covered porch area:	0 square feet
Cross street/directions to job site: SW Morga	n Dr. + SW Sorrento Rd.		Deck area:	0 square feet
·			Other structure area:	O square feet
			REQUIRED DATA: COMMI	
Subdivision:	Lot no.:		Permit fees* are based on the value Indicate the value (rounded to the	nearest dollar) of all equipment,
Tax map/parcel no.:			materials, labor, overhead, and the this application.	e profit for the work indicated on
	TON OF WORK		Valuation	
adding window to bedroom at West	racing exposure		Existing building area:	square feet
			New building area:	square feet
•			Number of stories:	
☑ PROPERTY OWNER	☐ TENANT		Type of construction:	
Name: Lili Yeo			Occupancy groups:	A CAMBRIDGE CONTRACTOR OF THE
Address: 8820 SW Morgan Dr			Existing:	
City/State/ZIP: Beaverton, OR 97008			New:	
Phone: 503-267-7608	Fax:		NOT	ICF
E-mail: lili@goumikids.com			All contractors and subcontractors	
☑ APPLICANT	☐ CONTACT PE	RSON	the Oregon Construction Contract	tors Board under ORS 701 and
Business name:			may be required to be licensed in being performed. If the applicant i	s exempt from licensing, the
Contact name: Lili Yeo			following reasons apply:	
Address: 8820 SW Morgan Dr.				
City/State/ZIP: Beaverton, OR 97008				•
Phone: 503-267-7608	Fax:			
E-malt: lili@goumikids.com				
CONT	RACTOR		BUILDING PE	PAMIT FEES*
Business name: DK Exteriors			Please refer to	o fee schedule
Address: 2316 E Portland RD Unit C1			Fees due upon application	
City/State/ZIP: Newberg OR 97132			Amount received	
Phone: 503-487-6055	Fax:		Date received:	
CCB lic.: 188630			This permit application expir	es if a permit is not obtained
Authorized signature:		,	within 180 days after it has	been accepted as complete

Date: 21 aug 2020

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Building Permit Application



Print name:

Amanda Nationa

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

DECEME	
OFFICE	USE ONLY
Date Received 8/03/2020	Permit No.: B2020-2762
Date Issued: QQD	BV
CITY OF BEAVERTON	Payment Type:

OREGON Genera	al Information (503) 526-2222 (J)	YUF	BEAVERTON Payment Ty	be:	
		4LQI	NG DIVISION REQUIRED DATA: 1- AND 2	FAMILY DWELLING	
TYPE OF	WORK	4	Pormit fees* are based on the value of	of the work performed.	202500000
☐ New construction	☐ Demolition	1 1 1	indicate the value (rounded to the nea materials, labor, overhead, and the pr	arest dollar) of all equip	ment, ted on
☑ Addition/alteration/replacement	Other:		his application.		
CATEGORY OF (CONSTRUCTION	4 L'	Valuation		
1- and 2-family dwelling	☑ Commercial/industrial	4 L	Number. of bedrooms:		
☐ Accessory building	☐ Multi-family	4 [Number of bathrooms:		
☐ Master builder	Other:		Total number of floors:		
JOB SITE INFORMAT	ION AND LOCATION		New dwelling area:	square feet	
Job site address: 7475 SW Oleson Road		↓	Garage/carport area:	square feet	•
City/State/ZIP: Beaverton, OR 97223		╛┞	Covered porch area:	square feet	
Suite/bldg./apt. no.:	Project name: T-Mobile Garden Home	┦┞	Deck area:	square feet	
Cross street/directions to job site: see sheet T^{-1}			Other structure area:	square feet	
			REQUIRED DATA: COMMER	CIAL-USE CHECKLIS	ıπ
Subdivision:	Lot no.:	_] [Permit fees* are based on the value indicate the value (rounded to the ne	of the work performed	ipment,
Tax map/parcel no.: 1S124DB01800	<u> </u>		materials, labor, overhead, and the p	rofit for the work indica	ated on
DESCRIPTIO	N OF WORK		this application. Valuation	2	20,000
Modifications to an existing wireless of	communication facility: replace (3)		Existing building area:	square feet	120
panel antennas and (3) RRUs; install	(1) HCS cable and (1) junction box		New building area:	square feet	120
			Number of stories:	· · · · · · · · · · · · · · · · · · ·	N/A
PROPERTY OWNER	☑ TENANT		Type of construction:		II-B
Name: Tualatin Hills Parks and Recrea	tion		Occupancy groups:		
Address: 15707 SW Walker Road		_	Existing:		Ų
City/State/ZIP: Bellevue, WA 98006			New:		L
Phone:	Fax:		NOTIC	E	
E-mail:			All contractors and subcontractors a	are required to be licen	sed with
	☑ CONTACT PERSON		the Oregon Construction Contractor	rs Board under ORS / (ne jurisdiction in which	un and work is
Business name: Crown Castle on behalf of	of T-Mobile		being performed. If the applicant is following reasons apply:	exempt from licensing,	, the
Contact name: Amanda Nations					
Address: 1505 Westlake Ave N, Suite 8	300	_			
City/State/ZIP: Seattle, WA 98109					
Phone: (206) 336-2889	Fax:				
E-mail: amanda.nations.contractor@cr	owncastle.com	10,000	BUILDING PER	MIT FEECK	
CONTRA		34.3			MANAGE M
Business name: BLUESTREAM PROFE	SSIONAL SERVICES LLC	_	Please refer to		<u> </u>
Address: 3305 HIGHWAY 60 WE			Fees due upon application	\$290.98	į
City/State/ZIP: FARIBAULT MN 55021			Amount received		
Phone:	Fax:		Date received:		
CCB lie.:			This permit application expire	s if a permit is not ob	otalned
Authorized Month Whose			within 180 days after it has b	een accepted as con	ıplete
signature: UV W Gylow (100 Wag)			* Fee methodology set by Tri	-County Building	

Date:

07/29/20

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application
Community and Economic Development
PO Box 4755, Beaverton, OR 97076

OFFICE	USE ONLY
Date Receive 01/23/2020	Permit No.: B2020-0255
Date Issued: (28) 28)	BW
CITY OF REALEDTON	Payment Type:

17 beaverion	Phone: (503) 526-	2403; Fax: (603) 526-2550	Date (saucu.	27201000	7,1	
OREGON	Internet address:	www.BeavertonGragon.gov		OF BEAVERTON	Payment Type:	
	TYPE OF	WORK	BU	LOING REVIGEORAT	A: 1- AND 2-FAI	AILY DWELLING
☐ New construction ☐ Demolition		Permit feas* are based of	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,			
☐ Addition/alteration/replaceme	nt	☐ Other:		materials, labor, overheathis application.	d, and the profit f	or the work Indicated on
	CATEGORY OF	CONSTRUCTION		Valuation	1388.95	5.18
1- and 2-family dwelling		☐ Commercial/industrial		Number, of badrooms	5	
☐ Accessory building		☐ Multi-family		Number of bathrooms	· 3	
☐ Master builder		Other:		Total number of floors	- 2	A-44-P-1
Joi	B SITE INFORMAT	ON AND LOCATION		New dwelling area:	2928	square feet
Job site address: 8031	SW Erre	eenhouse Lar	re	Garage/carport area:	406	square feet
City/State/ZIP: POY+)	and O	2,97225		Covered porch area:	50	square feet
Suite/bidg./apt. no.:		Project name: Olien	ark	Deck area:		square feet
Cross street/directions to job site	ï			Other structure area:		square feel
				REQUIRED DATA	: COMMERCIAL	USE CHECKLIST
Subdivision: Tax map/parcel no.:		Lot no.: 4		Permit fees* are based of indicate the value (round materials, labor, overhea	led to the nearest	dollar) of all equipment.
	DESCRIPTION	OF WORK		this application.		- 14 About Harton and a second by the
The state of the s				Existing building erea		square feet
			-	New building area:		square feet
				Number of stories:	÷.	
DV PROPERTY OV	VNER	☐ TENANT		Type of construction:		
Name: Westwood	Home	S LLC.		Occupancy groups:		
Address: 12700 N	w corn	eil Rd.		Existing:	·	
City/State/ZIP: POT+1	and OP	2 97229		New:		
Phone: 503-7/3-	4294	Føx:			NOTICE	
E-mail: AILISON 6	west w	ood homes LLC.		All contractors and subco	ontractors are req	uired to be licensed with
	r	CONTACT PERSO	N	the Oregon Construction may be required to be lic	ensed in the luris	diction in which work is
Business name: Westwood Homes L	LC			being performed. If the a following reasons apply:	pplicant is exemp	t from licensing, the
Contact name: AlliSO	n may					
Address:12700 NW Comell Rd						
City/State/ZIP:Portland, OR 97229						
Phone. 503-714	1-6294	Fax:				
· Allison ewestwood homesuc com		BUILDING PERMIT FEES*				
	CONTRAC	TOR			e refer to fee sch	
Business name: same as applicant				Fees due upon application		
Address:	,			Amount received		\$1,555.36
City/State/ZIP:				Date received:		
Phone:		Fax:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Angle and the second	
CCB lic.:195597	A XX	1		This permit applicati within 180 days afte	on expires if a pe	ermit is not obtained cepted as complete
Authorized signature:	1/2/2	M	,	* Con mathedalogue		•

Date:

1/20/2020 Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application
Community and Economic Development
PO Box 4755, Beaverton, OR 97076
Phone: (603) 526-2403; Fax: (603) 525-2550

RECEIVED	
OFFICE	JSE ONLY
Date Received 1/23/2020	Permit No. B2020-0256
Date Issued: ピコピョジ	B
CITY OF BEAVERTON	Payment Type:

Q B E G O N Internet addre	ess: www.BeavertonOregon.gov	CITY OF BEAVERTON Payment Type:
TYPE	OF WORK	BUILDING DIVISION DATA: 1- AND 2-FAMILY DWELLING
(Diew construction	☐ Demolition	Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest deliar) of all equipments.
☐ Addition/alteration/replacement	☐ Olher:	materials, labor, overhead, and the profit for the work indicate
CATEGORY	OF CONSTRUCTION	this application. \$ 386,955.18
1- and 2-family dwelling	☐ Commercial/Industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of balthrooms: 3
☐ Master builder	Other	Total number of floors: 2
JOB SITE INFORM	MATION AND LOCATION	New dwelling area: 2778 square feet
Job site address. 8011 SW 47	reenhouse Lai	Garage/carport area: COC square feet
City/State/ZIP: POrtland	OR, 97225	Covered porch area: 57) square feet
Suite/bidg./apt. no.:	Project name: Olich	Oar K Deck area; square feet
Cross street/directions to job site:		
M + 4 4 4 7	Lot no.: 3	REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
Subdivision:	L05 110.1	indicate the value (rounded to the nearest dollar) of all equipm materials, labor, overhead, and the profit for the work indicates
Tex map/parcel no.:	TION OF WORK	this application.
Innocau	ION OF HORK	Valuation
		Existing building area: square feet
		New building area: square feet
,		Number of stories:
D PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Westwood Hom	es llc.	Occupancy groups:
Address: 12700 NW COYI	nell Rd.	Existing;
City/State/ZIF: Portland C	P 97229	New;
Phone: 503-713-6294	Fax:	NOTICE
E-mall Allism QWEST	woodhomascuc	All contractors and subcontractors are required to be licensed
☑ APPLICANT	☐ CONTACT PERS	
Business name:Wastwood Homes LLC		being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: AlliSON Mau		Internity recours apply.
Address: 12700 NW Comell Rd		
City/State/ZIP:Portland, OR 97229		
Phone. 503-714-4294	Fax:	
, Allison ewestwo	od homesiccico	
CONTR	ACTOR	BUILDING PERMIT FEES*
Business name: same as applicant		Please refer to fee schedule
Address:		Fees due upon application \$1,555.36
City/State/ZIP:		Amount received
³hone;	Fux:	Date received:
CCB (ic.: 195597		This permit application expires if a permit is not obtains
Authorized Signature:	en-	within 180 days after it has been accepted as complete

Date: 1/20/202

Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

BPARA	
OFFICE	JSE ONLY
Date Received: 08/19/2020	Permit No.: B2020-3004
Date Issued: 2300	BW
CITY OF BEAVERTON	Payment Type:

OREGON Phone: (503) 526-2403; Fax: (503) 526-2550 ertonOregon.gov/bib	Çi	<u> 1 Y</u>	OF BEAVERTON Payment	ype
	PE OF WORK	B	IJķ	DING POURED DATA: 1- AND	2-FAMILY DWELLING
	Demolition			Permit fees* are based on the value Indicate the value (rounded to the ne	of the work performed.
New construction	C) Other:			materials, labor, overhead, and the	profit for the work indicated on
Addition/alteration/replacement	y of construction			this application. Valuation	\$9.322.00
	☐ Commercial/industrial			Number, of bedrooms:	
☑ 1- and 2-family dwelling	Multi-family		1		
Accessory building	Other:			Number of bathrooms:	
Master builder	DRMATION AND LOCATION	12.70ga (19. 33%)		Total number of floors:	foot
	33.63.53.53.53.53.53.53.53.53.53.53.53.53.53		1	New dwelling area:	square feet
Job site address: 17840 NW Fieldsto			1	Garage/carport area:	square feet
City/State/ZIP: Beaverton OR 9700	Project name: Tipler 36587		1	Covered porch area:	square feet
Suite/bldg./apt. no.:	Project Name: Tiple: 00007		1	Deck area:	square feet
Cross street/directions to job site:				Other structure area:	square feet
				REQUIRED DATA: COMME	
Subdivision:	Lot no.:			Permit fees* are based on the value indicate the value (rounded to the r	nearest dollar) of all equipment,
Tax map/parcel no.: R622179				materials, labor, overhead, and the this application.	profit for the work indicated on
DESC	RIPTION OF WORK	125 (S) (B) (B)		Valuation	
Voluntary Underpinning Using 5	Push Piers			Existing building area:	square feet
				New building area:	square feet
				Number of stories:	
Z PROPERTY OWNER	☐ TENANT			Type of construction:	
Name: Eric Tipler				Occupancy groups:	
Address: 17840 NW Fieldstone Dr				Existing:	
city/state/ZIP: Beaverton OR 9700	06			New:	
Phone: (541) 941-9886	Fax:		_	NOT	CE
E-mail:				All contractors and subcontractors	are required to be licensed with
	☑ CONTACT PERSON			the Oregon Construction Contract	ors Board under ORS 701 and the jurisdiction in which work is
Business name: TerraFirma Founda	tion Systems			being performed. If the applicant is following reasons apply:	s exempt from licensing, the
Contact name: Elenita Ronquillo				Tollowing rodocite appyr	
Address: 13110 SW Wall St			_		
City/State/ZIP: Tigard, OR 97223					
Phone: (503) 718-4533	Fax:		╛		
E-mall: eronquillo@terrafirmafs.c	om		20002		
Company of the company of the company of	CONTRACTOR	2,1212		BUILDING PE	
Business name: Terra Firma Found	ation Systems		\bot	Please refer to	
Address: 13110 SW Wall St.			_	Fees due upon application	\$139.05
City/State/ZIP: Tigard, OR 97223				Amount received	
Phone: (971) 205-5235	Fax:		_	Date received:	
CCB IIc.: 173547 12/21/20				This permit application expl	res if a permit is not obtained
Authorized frozula				within 180 days after it has	been accepted as complete

Date:

09/19/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Stewart Straus

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

PECTYES	
OFFICE	USE ONLY
Date Received: 08/21/2020	Permit No.: B2020-3046
Date Issued: 8277000	BEC
CITY OF BEAVERTO	Payment Type:

OREGON Phone:	(503) 526-2403; Fax: (503) 526-2550 pavertonOregon.gov/blb	CITY	OF BEAVERTON Payment Typ	oe:
	TYPE OF WORK	BUI.	LOING DUISIDAYA: 1-AND 2-1	FAMILY DWELLING
—	☐ Demolition		Permit fees* are based on the value of Indicate the value (rounded to the near	ine work penorined.
New construction	Other:		materials, labor, overhead, and the pro-	fit for the work indicated on
Addition/alteration/replacement	ORY OF CONSTRUCTION		this application. Valuation	
	☑ Commercial/industrial	Statistic results from the FeV	Number, of bedrooms:	
1- and 2-family dwelling	☐ Multi-family		Number of bathrooms:	
Accessory building	☐ Other:			
☐ Master builder JOB SITE	NFORMATION AND LOCATION		Total number of floors:	
Job sile address: 4790 SW Watsol		eta ita-katetan kiten itoka kilaga	New dwelling area:	square feet
City/State/ZIP: Beaverton OR 9	{		Garage/carport area:	square feet
	Project name: Mt. Adams - 47	790	Covered porch area:	square feet
Suite/bidg./apt. no.:			Derk area:	square feet
Closs superioris for long site. NE C	orner of SW Watson & SW 3rd Stre	eet	Ather structure area:	square feet
·			REQUIRED DATA: COMMERC	44.
Subdivision:	Lot no.;		Permit fees* are based on the value o Indicate the value (rounded to the nea	rest dollar) of all equipment,
Tax map/parcel no.: 15116	AD 05700		materials, labor, overhead, and the pr this application.	ofit for the work indicated on
DI	SCRIPTION OF WORK		Valuation \$ 10,000.	00
Tenant improvements to 479	SW Watson including upgrading	existing	Existing building area: 4064	square feet
toilet to comply with ADA, and	enclosing four existing open offices with		New building area:	square feet
new walls and doors.		Annual Property of the Parket	Number of stories:	
☑ PROPERTY OWNER	TENANT	A acadomical seguina		
Name: North Rim Developme	The section of the property resemble ***		Occupancy groups: B	
Address: 819 SE Morrison Stre			Existing:	
City/State/ZIP: Portland OR			New: B	
Phone: (503) 525-1925	Fax:		NOTICE	
E-mail: jw@northrimpdx.com			Managar, sale rota to in the same green was	n der Meiter Schaffelber Schaffelber 1992 Seine Gertreite
Z APPLICANT	☑ CONTACT PERS	SON	All contractors and subcontractors and the Oregon Construction Contractors	Roard under ORS 701 and
Business name: Stewart Gordon	Straus Architect PC	1	may be required to be licensed in the being performed. If the applicant is e	xempt from licensing, the
Confact name: Stewart Straus			following reasons apply:	
Address: 3800 SW Cedar Hills	Bivd Suite 226			
City/State/ZIP: Beaverton OR				
Phone: (503) 672-7517	Fax:			
E-mail: sgs@s-straus.com				
390000000000000000000000000000000000000	CONTRACTOR		BUILDING PERI	3 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Business name: North Rim Dev	elopment		Please refer to fe	e schedule
Address: 819 SE Morrison Str			Fees due upon application	\$28 <u>5.65</u>
Gity/State/ZIP: Portland OR		7.1	Amount received	
Phone: (503) 525-1925	Fax:		Date received:	
CCB fic.: 181526			This permit application expires	if a permit is not obtained
	1-14		within 180 days after it has be	en accepted as complete
signature: Alaway	Straw		* Fee methodology set by Tri-C	County Building

Date:

08/20/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name: Dan Bradley

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

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OFFICE	en der der programmer aus der sich der der sie der der der der der der der der der de
Date Received: 08/04/2020	Permit No.: B2020-2782
Date Issued: クロル	BY
CITY OF REAVERTON	Payment Type:

	vertonOregon.gov/blb	BUILDING DIVISION
	YPE OF WORK	BUILDING DIVISION ATA: 1- AND 2-FAMILY DWELLING
☐ New construction	[] Demolition	Permit rees are based on the value of the work performed.
Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
. 23	RY OF CONSTRUCTION	Valuation \$30,000.00
1- and 2-family dwelling	☐ Commercial/Industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
JOB SITE INF	ORMATION AND LOCATION	New dwelling area: square feet
Job site address: 927 NW Turnbe	erry Terrace	Garage/carport area: square feet
city/State/ZIP: Beaverton, OR		Covered porch area: square feet
Suite/oldg./apt. no.:	Project name: Burnett	Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Cultidistant	Lot no.:	Permit feest are based on the value of the work performed.
Subdivision: .		Indicate the value (rounded to the nearest dollar) of all equipmen materials, labor, overhead, and the profit for the work indicated or
Tax map/parcel no.:	CRIPTION OF WORK	this application.
Add full bath on main floo		Valuation
Add full bath off main noc	of and remove 1/2 bath	Existing building area: square feet
		New building area; square feet
		Number of stories:
ROPERTY OWNER	☐ TENANT	Type of construction:
Name: Bill and Karen Burnet	tt	Occupancy groups:
Address: 927 NW Turnberry	<u> Terrace</u>	Existing:
city/State/ZIP: Beaverton, OR		New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed w
☐ APPLICANT	☐ CONTACT PI	may be required to be licensed in the turisdiction in Which Work is
Business name: Creekside Cons	struction	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Dan Bradley		
Address: 13525 SW 21 St	· · · · · · · · · · · · · · · · · · ·	
city/State/ZIP: Beaverton, OR S		
Phone: 503-789-7781	Fax:	
E-mail: dmcbradley@gmail.c		BUILDING PERMIT FEES*
	CONTRACTOR	Please refer to fee schedule
Business name: Creekside Cor	struction	Fees due upon application \$391.96
Address: 13525 SW 21 St		Amount received
City/State/ZIP: Beaverton, OR		
Phone: 503-789-7781	Fax:	Date received:
CCB lic.: 111475		This permit application expires if a permit is not obtaine within 180 days after it has been accepted as complete
Authorized Dan Bradley. signature:		* Foo methodology set by Tri-County Building

Date: 8/3/20

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone (503) 526-2403 Fax: (503) 526-2550

OFFICE	JSE ONLY
Date Received: 08/26/2020	Permit No.: B2020-3096
Date Issued:	
CITY OF REAVED TO	Päyment Type:

O R E G O N Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib		CITY OF I	BEAVERTON	Payment Type:		
	OF WORK	BYILDIN	G APPARED PAT	(A: 1- AND 2-FA)	AILY DWELLING	
□ New construction	☐ Demolition	Pern	nit fees* are based o	on the value of the	work performed.	
☐ Addition/alteration/replacement	☑ Other:Reroof	mate	Indicate the value (rounded to the nearest dollar) of all o materials, labor, overhead, and the profit for the work in			
	CONSTRUCTION		application. Ialion			
1- and 2-family dwelling	☑ Commercial/Industrial		lumber, of bedrooms	4.		
☐ Accessory building	☐ Multi-family					
☐ Master builder	Other:		lumber of bathrooms			
	ATION AND LOCATION		olal number of floors	;;		
Job site address:9375 SW Beaverton Hil	Control of		iew dwelling area:		square feet	
city/state/ZiP:Beaverton Oregon 97005	<u></u>	G	iarage/carport area:		square feet	
Suite/bidg./apt. no.:	Project name: Chipotle Grill		overed porch area:		square feet	
Cross street/directions to job site:	The state of the s	p	eck area:		square feet	
Ciuss superunicolonia le jou alle.		0	Ilher structure area:		square feet	
4.45	and the same of th		REQUIRED DATA	; COMMERCIAL	USE CHECKLIST	
Subdivision:	Lot no.:		nit fees* are based o		work performed, dollar) of all equipment,	
Tax map/parcel no.:		mate	materials, labor, overhead, and the profit for the work indication.			
소 있다. 그들은 그 교수는 경향을 보는 사용을 모습하는 것이라는 그 스타프를 전혀 들어 받는	on of work	Valu			25,740	
Installing a Durolast Membrane Roofing	System over existing built-up roof		xisting building area	: 3900) square feet	
		l N	ew building area:		square feet	
			umber of stories:		1	
☑ PROPERTY OWNER	☐ TENANT	T,	ype of construction:		CMU lumber	
Name: Chipotle Mexican Grill Inc			ccupancy groups:		A2	
Address: PO Box 182568	the state of the s		Existing:		A2	
City/State/ZIP:Columbus Ohio			New:			
Phone:614-318-7459	Fax:	Tella		NOTICE		
E-mail:scott.brown@chipotle.com		All a	entractors and subo		ulred to be licensed with	
☑ APPLICANT	☑ CONTACT PERSON	the C	Dregon Construction	Contractors Boar	d under ORS 701 and	
Business name: Columbia River Roofing			may be required to be licensed in the jurisdiction in which work is being performed, if the applicant is exempt from licensing, the			
Contact name: Jack Molenkamp		TOILOV	wing reasons apply:	<u> </u>		
Address: 14745 SE 82nd Drive						
City/State/ZIP:Clackamas Ore 97015						
Phone: 503-674-8754 c 503-830-4779 Fax:			•			
E-mail:jack@vaporarmour.com						
CONTRA	ACTOR		BUILE	DING PERMIT F	EE8*	
Business name: Columbia River Roofing			Pleas	e refer to fee sch	edule	
Address: 14745 SE 82nd Drive		Fees	due upon applicatio	ın	\$662.44 ,	
City/State/ZIP: Clackamas Ore 97015		Amo	unt received			
Phone: 503-674-8754 c503-830-4779	Fax:	Date	received;		:	
CCB Ilc.:113052		TH	lis permit applicati	on expires if a n	ermit is not obtained	
Authorized					cepted as complete	

Fee methodology set by Tri-County Building industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

Date Receive 08/25/2020 Permit No.: B2020-3067	
Date Issued: 8-26-20 By: MM	
CITY OF BEAVERTON Payment Type: VI36	

Reaverton Beaverton	Phone: (503) 526-2403; Fax: (503) 526- www.BeavertonOregon.gov/bib	-2550	CITY O	C 1257/1/21/C)VF	nyment Type: V, 5	
			- Bu ll-D	ING DRESIGN DATA:	1- AND 2-FAMILY E	WELLING
	TYPE OF WORK			to Cara the sead on the	no value of the work	nerformed.
New construction	☐ Demolition			Indicate the value (rounded to the nearest dollar) of all a materials, labor, overhead, and the prolit for the work in		work indicated on
☑ Addition/alteration/replacem			7988024-08250	this application.		
	CATEGORY OF CONSTRUCTION		28 S J (10 1 S S S S S	Valuation		
1- and 2-family dwelling	☑ Commercial/in	dustrial		Number, of bedrooms:		
☐ Accessory building	☐ Multi-family			Number of bathrooms:		
Master builder	Other:			Total number of floors:		
30	B SITE INFORMATION AND LOCAT	ION		New dwelling area:	squ	are feet
lob site address: 9665 SW	Allen Blvd			Garage/carport area:	squ	are feet
City/State/ZIP: Beaverton,	OR 97005			Covered porch area:	squ	iare feet
Suite/bldg./apt. no.: 110	Project name: V	acancy Market P	rep	Deck area:	sqı	uare feet
Cross street/directions to job s	te: Located just off Allen Blvd	near Sunshine C	Court	Other structure area:	sqı	uare feet
	,			REQUIRED DATA:	COMMERCIAL-USE	CHECKLIST
	cc Park II Lot no.:			= #6 t boood on	the value of the wor	k performed.
Subdivision: Allen Busine	55 I dik ii			Indicate the value (roundermaterials, labor, overhead	a to the nearest dollar , and the profit for th	e work indicated on
Tax map/parcel no.: 1S123	DESCRIPTION OF WORK		41 (11 (12)	this application.		\$47,06
	William Street S	11 /11 1		Valuation	40.404.00	<u> </u>
Clean-up, market pre	o of a vacant space. Mostly	cosmetic (11001 visting office are:	a.	Existing building area:	10,434 sq	
coverings & paint), w	th minor reconfiguration of ex	(lotting office at the		New building area:	10,434 sq	uare reet
				Number of stories:		
	OWNER	☐ TENANT		Type of construction:	<u> </u>	Concrete Tilt U
Name: Pacific NW Prop				Occupancy groups:		S1 /
	h Avenue, Suite 175			Existing:		S1 /
City/State/ZIP: Beavertor	***			New:		N _i
Phone: (503) 626-3500					NOTICE	42,521,613,653
E-mail: mitch.page@pi	•			All contractors and subco	entractors are require	ed to be licensed with
Z APPLIC	esta de la companya	CONTACT PERSON		the Oregon Construction Contractors Board under ONO 701 and		
Business name: Pacific N				being performed. If the a following reasons apply:	pplicant is exempt if	om licensing, the
Contact name: Mitch Pag				Ioliowing reducine spy.		
	th Avenue, Suite 175					
City/State/ZIP: Beaverto						
Phone: (503) 626-350						
E-mail: mitch.page@p						
E-mail: [[[[[CH:page@p	CONTRACTOR				DING PERMIT FE	
D. L			-	Plea	se refer to fee sched	
Business name: Robert-Todd Construction, Inc. Address: 4080 SE International Way, Suite B-113			Fees due upon applicati	ion	\$894.82	
\$				Amount received		
city/State/ZIP: Milwauki		<u> </u>		Date received:		
Phone: (503) 653-570	4			This permit applica	tion expires if a ne	rmit is not obtaine
CCB lic.: 98517	40			inis permit applica within 180 days af	ter it has been acc	epted as complete
Authorized signature:	th Pag-			* Fee methodology	set by Tri-County	Building
		1			2	

Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: Date: Print name: 00/20/20

Form B70-1001



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonDregon.gov/bib

Michael Wille

Authorized

signature:

Print name:

OFFICE	JSE ONLY
Date Received: 07/06/2020	Permit No.: B2020-2329
Date Issued: 8-25-20	By: HUL
CITY OF BEAVERTON	Payment Type: Cheu

MMM'Beaner	tonOregon.gov/blb	RUI DINO DI IOCOLI
	E OF WORK	BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING
	Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
 ☑ New construction ☐ Addition/alteration/replacement 	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
	OF CONSTRUCTION	Valuation \$167,191.08
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms: 2
Accessory building	☐ Multi-family	Number of bathrooms: 2
✓ Master builder	Other:	Total number of floors: 3
	RMATION AND LOCATION	New dwelling area: 1308 square feet
Job site address: 9835 SW Denney Ro	d	Garage/carport area: 380 square feet
city/state/ZIP: Beaverton, OR 97008		Covered porch area: 60 square feet
Suite/bldg./apt. no.:	Project name: Building 4	Deck area: 0 square feet
Cross street/directions to job site: SW Scho	olls Rd	Other structure area: 0 square feet
J., 30,		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Daniel Daniel	Lot no.: 11	2 It freet are based on the value of the work performed.
subdivision: Denney Gardens	Lottion	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Tax map/parcel no.:	RIPTION OF WORK	this application.
		Valuation Existing building area: square feet
Construct single family residence		Existing building arous
		140M Denting drott
93189		Number of stories:
☑ PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Willamette West Habitat fo		Occupancy groups:
Address: 5293 NE Elam Young Pk	wy, # 140	Existing:
City/State/ZIP: Hillsboro, OR 97124		New:
Phone: (503) 502-8523	Fax:	NOTICE
E-mail: mikewille@habitatwest.org		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
APPLICANT	☑ CONTACT PERSON	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Business name: Willamette West Ha	bitat for Humanity	following reasons apply:
Contact name: Mike Wille		
Address: 5293 NE Elam Young Pk	wy, # 140	
City/State/ZIP: Hillsboro, OR 97124		
Phone: (503) 502-8523	Fax:	
E-mall: mikewille@habitatwest.or		BUILDING PERMIT FEES*
CONTRACTOR		Please refer to fee schedule
Business name: Willamette West Ha		Fees due upon application
Address: 5293 NE Elam Young Pl		Amount received
city/State/ZIP: Hillsboro, OR 97124		Date received:
Phone: (503) 502-8523	Fax:	
CCB IIc.: 146735		This permit application expires if a permit is not obtained

Date:

07/03/20

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Michael Wille

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY				
	Permit No.: B2020-2325			
Date Issued: 8-25-20	By: JU			
CITY OF BEAVERTON	Payment Type: Check			

www.peavertonoi	EGOV. GOALDID	BUILE	ANG DIMERSE		
TYPE OF	WORK	i i	PING PRINCIPATA 1- AND	2-FAMILY DWELLING	
☑ New construction	☐ Demolition		Permit fees* are based on the value indicate the value (rounded to the ne	earest dollar) of all equipment.	
☐ Addition/alteration/replacement	Other:		materials, labor, overhead, and the profit for the work indicated this application.		
CATEGORY OF C	CONSTRUCTION	The state of the s	Valuation \$193,351.40		
	☐ Commercial/industrial	_	Number, of bedrooms:	3	
☐ Accessory building	☐ Multi-family		Number of bathrooms:	2	
☑ Master builder	☐ Other:		Total number of floors:	3	
JOB SITE INFORMATI	ON AND LOCATION		New dwelling area:	1540 square feet	
Job site address: 9833 SW Denney Rd			Garage/carport area:	380 square feet	
City/State/ZIP: Beaverton, OR 97008			Covered porch area:	60 square feet	
Suite/bldg./apt. no.:	Project name: Building 4		Deck area:	() square feet	
Cross street/directions to job site: SW Scholls F	erry RD		Other structure area:	() square feet	
		, , , , , , , , , , , , , , , , , , ,	REQUIRED DATA: COMMER		
Subdivision: Denney Gardens	Lot no.: ♥ 🌣	22	Permit fees* are based on the value	of the work performed.	
Tax map/parcel no.:			indicate the value (rounded to the no materials, labor, overhead, and the p		
DESCRIPTION	OF: WORK		Ihis application. Valuation		
Construct single family residence			Existing bullding area:	square feet	
			New building area:	square feet	
			Number of stories:		
☑ PROPERTY OWNER	☐ TENANT		Type of construction:		
Name: Willamette West Habitat for Hum	anity		Occupancy groups:		
Address: 5293 NE Elam Young Pkwy, #	140		Existing:		
City/State/ZIP: Hillsboro, OR 97124			New:	· · · · · · · · · · · · · · · · · · ·	
Phone: (503) 502-8523	Fax:	85	NOTIC	F	
E-mail: mikewille@habitatwest.org	>				
☐ APPLICANT ☐ CONTACT PERSON			All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and		
Business name: Willamette West Habitat fo	or Humanity		may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the		
Contact name: Mike Wille			following reasons apply:		
Address: 5293 NE Elam Young Pkwy, #	140				
City/State/ZIP: Hillsboro, OR 97124					
Phone: (503) 502-8523	Fax:				
E-mail: mikewille@habitatwest.org					
CONTRAC	TOR		BUILDING PER	MIT FEES*	
Business name: Willamette West Habitat for	or Humanity	_	Please refer to f	ee schedule	
Address: 5293 NE Elam Young Pkwy, #	140		Fees due upon application		
City/State/ZIP: Hillsboro, OR 97124			Amount received		
Phone: (503) 502-8523	Fax:		Date received:		
CCB lic.: 146735			This permit application expire	s if a permit is not obtained	
Authorized Michael Wills			within 180 days after it has be		

Date:

07/03/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Michael Wille

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY				
Date Received:	07/06/2020	Permit No.: B2020-2324		
Date Issued:	5-25-20	By: fle		
CITY	OF BEAVERTO	Payment Type: (Mell—		

TYPI	E OF WORK
✓ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
	OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☑ Master builder	☐ Other:
	RMATION AND LOCATION
Job site address: 9831 SW Denney Rd	
City/State/ZiP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Building 4
Cross street/directions to job site: SW Scho	lls Ferry RD
, 300 3010	iis rony no
subdivision: Denney Gardens	Lot no.: 9
Tax map/parcel no.:	
DESCRI	PTION OF WORK
PROPERTY OWNER	☐ TENANT
Name: Willamette West Habitat for	Humanity
Address: 5293 NE Elam Young Pkw	vy, # 140
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
☐ APPLICANT	☑ CONTACT PERSON
Business name: Willamette West Hab	itat for Humanity
Contact name: Mike Wille	
Address: 5293 NE Elam Young Pkv	vy, # 140
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
CO	NTRACTOR
Business name: Willamette West Hab	pitat for Humanity
Address: 5293 NE Elam Young Pky	wy, # 140
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
CCB lic.: 146735	
Authorized Michael Will signature:	le

Date:

07/03/20

OL DEAVERTON .		
DING BUYBURNA: 1- A	ND 2-FAMIL	Y DWELLING
Permit fees* are based on the v Indicate the value (rounded to the materials, labor, overhead, and this application.	he nearest do	ollar) of all equipment,
Valuation \$193,351.4	10	
Number. of bedrooms:		3
Number of bathrooms:		2
Total number of floors:		3
New dwelling area:	1540 :	square feet
Garage/carport area:	380	square feet
Covered porch area:	60	square feet
Deck area:	0	square feet
Other structure area:	0	square feet
REQUIRED DATA: COM	MERCIAL-U	ISE CHECKLIST
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application. Valuation	the nearest d	iollar) of all equipment,
		square feet
Existing building area:		
New building area:		square feet
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
All contractors and subcontractine Oregon Construction Contracting being performed. If the application of the contraction of th	tractors Boar d in the jurisc	d under ORS 701 and tiction in which work is
Please rea	3 PERMIT F fer to fee sch	ALIANSA CONTRACTOR SAN CONTRACTOR CONTRACTOR
Fees due upon application		
		i .
Amount received		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



DENNIS WHITCOMB

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

Date Received: Date Issued:

OFFIC	E USE ONLY
07/29/2020	Permit No.: B2020-2709
8-25-20	Ву: ///
	Payment Type: AAC

	rtonOregon.gov/bib
TY	PE OF WORK
✓ New construction	Demolition
Addition/alteration/replacement	Other:
CATEGORY	Y OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
Master builder	Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 2597 SW CEDAR H	ILLS BOULEVARD
City/State/ZIP: BEAVERTON, OR 97	7005
Suite/bldg./apt. no.:	Project name: BUILDING-9
Cross street/directions to job site:	
A. I. P. J	Lot no.:
Subdivision:	Lot no.
Tax map/parcel no.:	
DESCRIPTION OF THE PROPERTY OF	RIPTION OF WORK
INSTALLATION OF SPRINKLEF	R MONITORING SYSTEM
INSTALLATION OF SPRINKLEF	
INSTALLATION OF SPRINKLEF	
INSTALLATION OF SPRINKLEF PROPERTY OWNER Name:	
INSTALLATION OF SPRINKLEF PROPERTY OWNER Name: Address:	
PROPERTY OWNER Name: Address: City/State/ZIP:	Fax:
PROPERTY OWNER Name: Address: City/State/ZIP: Phone:	☐ TENANT
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail:	Fax:
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail:	Fax: CONTACT PERSON C, INC.
PROPERTY: OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC	Fax: CONTACT PERSON C, INC.
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC Contact name: DENNIS WHITCOME	Fax: C, INC.
PROPERTY: OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC Contact name: DENNIS WHITCOME Address: 1904 SE OCHOCO	Fax: C, INC.
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC Contact name: DENNIS WHITCOME Address: 1904 SE OCHOCO City/State/ZIP: MILWAUKIE, OR 97	Fax: CONTACT PERSON C, INC. B Fax:
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC Contact name: DENNIS WHITCOME Address: 1904 SE OCHOCO City/State/ZIP: MILWAUKIE, OR 97 Phone: (503) 462-5214 E-mail: PERMITS@STONERGRO	Fax: CONTACT PERSON C, INC. B Fax:
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC Contact name: DENNIS WHITCOME Address: 1904 SE OCHOCO City/State/ZIP: MILWAUKIE, OR 97 Phone: (503) 462-5214 E-mail: PERMITS@STONERGRO	Fax: CONTACT PERSON C, INC. B CONTACT PERSON C
PROPERTY: OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC Contact name: DENNIS WHITCOME Address: 1904 SE OCHOCO City/State/ZIP: MILWAUKIE, OR 97 Phone: (503) 462-5214 E-mail: PERMITS@STONERGRO	Fax: CONTACT PERSON C, INC. B CONTACT PERSON C
PROPERTY OWNER Name: Address: City/State/ZiP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC Contact name: DENNIS WHITCOME Address: 1904 SE OCHOCO City/State/ZiP: MILWAUKIE, OR 97 Phone: (503) 462-5214 E-mail: PERMITS@STONERGRO Cu Business name: STONER ELECTRIC Address: 1904 SE OCHOCO	Fax: CONTACT PERSON C, INC. S CONTACT PERSON C, INC. C C C C C C C C C
PROPERTY OWNER Name: Address: City/State/ZiP: Phone: E-mail: APPLICANT Business name: STONER ELECTRIC Contact name: DENNIS WHITCOME Address: 1904 SE OCHOCO City/State/ZiP: MILWAUKIE, OR 97 Phone: (503) 462-5214 E-mail: PERMITS@STONERGRO	Fax: CONTACT PERSON C, INC. Fax: DUP.COM ONTRACTOR C, INC.

Date:

07/29/20

REQUIRED DATA: 1- AND	
Permit fees* are based on the value indicate the value (rounded to the re materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	\$5,500
Existing building area:	() square feet
New building area:	11000 square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	A-2
Existing:	NONE
New.	
NOT	ICE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant following reasons apply:	tors Board under ORS 701 and the jurisdiction in which work is
	ERMIT FEES*
Face due upon application	\$81.66
Fees due upon application	\$81.66

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name: JACK LOBACK

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

OFFICE	USE ONLY
Date Received: 08/17/2020	Permit No.: B2020-2973
Date Issued: 8 24 MM	/B/A
CITY OF BEAVEDTO	Payment Type:

II Beaverion	Beavenon, OR 9707 Phone; (503) 526-24	03; Fax: (503) 526-2550	Cn	Y OF BEAVERTO Payment T	ype:
,	www.BeavertonOre	gon.gov/bib	BL	111 Ph. 45	2-FAMILY DWELLING
	TYPE OF	WORK		B. It for all and board on the value	of the work performed.
□ New construction		☐ Demolition		Indicate the value (rounded to the ne materials, labor, overhead, and the p	rarasi dollari or ali eucopritori, i
☑ Addition/alteration/replacement		Other:		this application.	
	CATEGORY OF C	ONSTRUCTION		Valuation	15,000
☑ 1- and 2-family dwelling	,	☐ Commercial/industrial		Number, of bedrooms:	
☐ Accessory building		☐ Multi-family		Number of bathrooms:	1
☐ Master builder		☐ Other:		Total number of floors:	
ું હ	DB SITE INFORMATI	ON AND LOCATION	*	New dwelling area:	O square feet
Job site address: 9750 SW	160 AV			Garage/carport area:	square feet
City/State/ZIP: Beaverton,	OR			Covered porch area:	square leet
Suite/bldg./apt. no.:		Project name:		Deck area:	square feet
Cross street/directions to job si	ite:			Other structure area:	square feet
				REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
		Lot no.:		O it feet are based on the value	of the work performed.
Subdivision:		Lot no.:		Indicate the value (rounded to the r materials, labor, overhead, and the	iparest gousti di eli equiunisti.
Tax map/parcel no.:	aresterata de la composição			this application.	
	DESCRIPTION	23,534		Valuation	
create a new bathrooi	m. build walls, o	pen a wall.		Existing building area:	square feet
				New building area:	square feet
				Number of stories:	
☐ PROPERTY	OWNER	☐ TENANT		Type of construction:	
Name: ED TIPE	_	1920		Occupancy groups:	
Address: 9750 SW 160				Existing:	
City/State/ZIP: Beaverton				New:	
Phone: 503120 (-	Fax:		NOT	CE
E-mail:				All contractors and subcontractors	are required to be licensed with
Z APPLIC	ANT.	CONTACT PE	RSON	the Oregon Construction Contract	ors Board under One 701 and the jurisdiction in which work is
Business name:				being performed. If the applicant is following reasons apply:	s exempt from licensing, the
Contact name: Jack Lobs	ack			Tollowing reasons apply.	
Address: 4594 NE 35 P					
City/State/ZIP: Portland,					
Phone: 503-282-6002	OIT OILI	Fax:			
E-mail: ackloback5930	മരന്നലി com				per para da a ser a ser a ser a la companio de la companio del companio de la companio de la companio de la companio del companio de la companio del companio de la companio de la companio de la companio del companio de la companio della companio de la companio della companio
E-mail actionaction	CONTRA	ACTOR		BUILDING PE	100 170 100 100 100 100 100 100
Business name: Evergree	Particular Control of	gantangga yan da ga Marangga mayarin na manang di punggan da gantang da gantang da gantang da gantang da gantan	<u> </u>	Please refer to	o fee schedule
Address: 14605 SW Bo				Fees due upon application	\$175.59
City/State/ZIP: Beaverton				Amount received	
	1, 011 07001	Fax:		Date received:	
Phone: 503-735-5650				This reveals application available	res if a permit is not obtained
CCB lic.: 186486	211-	9		within 180 days after it has	been accepted as complete

Date: 6 . 17, 20 20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



CCB lic.: 158061

Jennifer Nguyen

Authorized signature:

Print name:

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE USE ONLY

Date Received 07/15/2020 Date Issued: 8-24-20 Permit No B2020-2469

Payment Type: AMX

www.Beav	ertonOregon.gov/bib		
Ţ	YPE OF WORK	REQUIRED DATA	A: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Indicate the value (rounds	the value of the work performed. In the nearest dollar) of all equipment,
Addition/alteration/replacement	Other:	materials, labor, overhead this application.	I, and the profit for the work indicated on
CATEGOR	RY OF CONSTRUCTION	Valuation	
1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:	
Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	Other:	Total number of floors:	
JOB SITE INF	ORMATION AND LOCATION	New dwelling area:	square feet
Job site address: 12675 SW Broadw	ay St	Garage/carport area:	square feet
City/State/ZIP: Beaverton, OR 9700	5	Covered porch area:	square feet
Suite/bldg./apt. no.:	Project name: Tan Tan TI	Deck area:	square feet
Cross street/directions to job site:		Other structure area:	square feet
			COMMERCIAL-USE CHECKLIST
O. I. di dalam	Lot no.: 4400	Permit fees* are based o	n the value of the work performed.
Subdivision: Tax map/parcel no.: 1S116AA04400	100 100 4400	Indicate the value (sound	ed to the nearest dollar) of all equipment, d, and the profit for the work indicated on
	RIPTION OF WORK	this application.	
		Valuation	\$81,896.00
Storefront and tenant improvem	ent of an existing restaurant.	Existing building area:	2,408 square feet
		New building area:	O square feet
		Number of stories:	1
PROPERTY OWNER		Type of construction:	III-B
Name: Lisa Tran		Occupancy groups:	Assembly A-2
Address: 12675 SW Broadway St		Existing:	A-2
City/State/ZIP: Beaverton, OR 9700	5	New:	A-2
Phone: (503) 641-2700	Fax:		NOTICE
E-mail: tantancafedeli@gmail.cor	n	All contractors and subco	ontractors are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction	Contractors Board under ORS 701 and ensed in the jurisdiction in which work is
Business name: Skylab Architecture	, LLC	being performed. If the a following reasons apply:	pplicant is exempt from licensing, the
Contact name: Jeni Nguyen		101001113	
Address: 413 SW 13th AVE			
City/State/ZIP: Portland, OR 97205			
Phone: (503) 780-8331	Fax:		
E-mail: jeni@skylabarchitecture.c	com		
C	CONTRACTOR	The second secon	DING PERMIT FEES*
Business name: JHC Commercial, L	LC		se refer to fee schedule
Address: 11125 SW Barbur Blvd		Fees due upon applicati	on \$1,227.40
City/State/ZIP: Portland, OR 97219		Amount received	
Phone: (503) 624-7100	Fax: (503) 684-5295	Date received:	

Date:

07/14/20

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Authorized signature:

Print name:

Debbie Griffin

Building Permit Application

Community Development Department, Building Division City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

RECEIVED OFFICE USE ONLY

Date	Rec	elved	Ų7/	29/	202	ō
			- Table -	100	1000	

Permit No., B2020-2706

Payment Type:

www.Beave	ertonOregon.gov/bib	BUILDING DIVISION
rγ	PE OF WORK	BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees' are based on the value of the work performed.
☑ New construction	☐ Demolition	indicate the value (rounded to the nearest dollar) of all equipmen materials, labor, overhead, and the profit for the work indicated o
☐ Addition/alteration/replacement	Other:	this application.
	Y OF CONSTRUCTION	Valuation
1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:
Accessory building	[] Multi-family	Number of bathrooms:
Master builder	☐ Other:	Total number of floors:
	ORMATION AND LOCATION	New dwelling area: square feet
Job site address: 12655 SW Millikan	Way	Garage/carport area: square feet
City/State/ZIP: Beaverton, OR 97076		Covered porch area: square feet
Suite/bldg./apt. no.;	Project name: Broadway & Lombar	
	nt to City of Beaverton Building Dept.	Other structure area: square feet
Adjacei	it to only of boardiness a second of	REQUIRED DATA: COMMERCIAL-USE CHECKLIST
		The state of the value of the work performed.
Subdivision:	Lot no.:	Indicate the value (rounded to the nearest dollar) of all equipme materials, labor, overhead, and the profit for the work indicated
Tax map/parcel no.: 1S116AA700000		this application.
	RIPTION OF WORK	Valuation
Installation of 6 antennas, 12 RI	RHs, 2 surge protectors, fiber/dc cable	es, an Existing building area: square feet
author organisment cabinet and	diesel denerator located on the room	OP Of New building area: square feet
an existing parking garage. All fiberglass reinforced panel (RF	equipment will be located behind a	Number of stories:
	TENANT	Type of construction:
☑ PROPERTY OWNER		Occupancy groups:
Name: The Round Owner, LLC	- 700	
Address: 222 SW Columbia St, St	e 700	Existing;
City/State/ZIP: Portland, OR 97201		New:
Phone:	Fax:	NOTICE
E-mail:	☑ CONTACT PERSON	All contractors and subcontractors are required to be licensed the Oregon Construction Contractors Board under ORS 701 at
		may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the
,	lew Cingular Wireless PCS, LLC	following reasons apply:
Contact name: Debbie Griffin		
Address: 11232 120th Ave, Ste 26		
City/State/ZIP: Kirkland, WA 98033		
Phone: (480) 296-1205	Fax:	
E-mall: Debra.Griffin@smartlinkg	group.com	BUILDING PERMIT FEES*
	CONTRACTOR	Please refer to fee schedule
Business name: Velocitel		
Address: 1150 First Ave, Ste 600		Fees due upon application
City/State/ZIP: King of Prussia, PA	19406	Amount received
Phone: (805) 216-8384	Fax:	Date received:
CCB lic.: 218854		This permit application expires if a permit is not obtain

Date:

07/29/20

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



signature:

Print name:

Jo Speight

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

OFFICE	USE ONLY
Date Received: 07/17/2020	Permit No.: B2020-2501
Date Issued: 8-24-20	Ву: Д
	Payment Type: VISC

☐ New construction	☐ Demolition
Addition/alteration/replacement	Other:
CATEGOR	Y OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
Accessory building	☐ Multi-family
☐ Master builder	Other;
JOB SITE INFO	ORMATION AND LOCATION
Job site address: 12755 SW Pegg Ct	
City/State/ZIP:Beaverton, OR 97005	5
Suite/bldg./apt. no.:	Project name: Speight Addition
Cross street/directions to job site: SW Mai 10th	n Ave & Pegg Ct, between SW 9th & SW
Subdivision: Shipley	Lot no.:4
Tax map/parcel no.:1S116DD10800	
DESC	RIPTION OF WORK
remove interior non-load bearing complete interior & exterior reno	n north side of house, relocate front door, g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior reno	g wall, readjust interior load-bearing wall, vation
remove interior non-load bearing complete interior & exterior reno	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior reno	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior reno PROPERTY OWNER Name: Thomas Speight & Jo Spei	g wall, readjust interior load-bearing wall, ovation
remove interior non-load bearing complete interior & exterior reno PROPERTY: OWNER Name: Thomas Speight & Jo Speight & J	g wall, readjust interior load-bearing wall, ovation
remove interior non-load bearing complete interior & exterior reno PROPERTY OWNER Name: Thomas Speight & Jo Speight & Jo Speight & Jo Speight & Gity/State/ZIP: Beaverton OR 97005	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior reno PROPERTY OWNER Name: Thomas Speight & Jo	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior reno PROPERTY OWNER Name: Thomas Speight & Jo	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior renormal property owner. Name: Thomas Speight & Jo Speight	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior renormal property owner. PROPERTY OWNER Name: Thomas Speight & Jo Speig	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior renormal property owner. Name: Thomas Speight & Jo Speight	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior renormal property owner. PROPERTY OWNER Name: Thomas Speight & Jo Speig	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior renormal property owner. Name: Thomas Speight & Jo Speight	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior renormal property owner. PROPERTY OWNER Name: Thomas Speight & Jo Speig	g wall, readjust interior load-bearing wall, evation
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remove interior non-load bearing complete interior & exterior renormal property owner. PROPERTY OWNER Name: Thomas Speight & Jo Speig	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior renormal property owner. PROPERTY OWNER Name: Thomas Speight & Jo Speig	g wall, readjust interior load-bearing wall, evation
remove interior non-load bearing complete interior & exterior renormal complete interior & specific products and complete interior interior & exterior renormal complete interior & exterior & exter	g wall, readjust interior load-bearing wall, evation

Date:

07/16/20

REQUIRED DATA: 1-7	AND 2-FAMILY DWELLING
Permit fees* are based on the value (rounded to t	ACCURATION OF THE PROPERTY OF
Valuation	25000
Number, of bedrooms:	2
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	1255 square feet
Garage/carport area:	O square feet
Covered porch area:	70 square feet
Deck area:	O square feet
Other structure area:	square feet
REQUIRED DATA: COM	/MERCIAL-USE CHECKLIST
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application.	value of the work performed. the nearest dollar) of all equipment, d the profit for the work indicated on
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
1	NOTICE
the Oregon Construction Conf	ctors are required to be licensed with tractors Board under ORS 701 and d in the jurisdiction in which work is ant is exempt from licensing, the
	PERMIT FEES*
Fees due upon application	248.6
Amount received	1,10.0

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Building Permit Application



Print name:

Braden Lewallen

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY			
Date Received: 11/07/2019	Permit No.: B2019-4638		
Date Issued: 82 202			
	Payment Type:		

TYPE	OF WORK
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
CATEGORY O	F CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
Accessory building	☑ Multi-family
Master builder	☐ Other:
JOB SITE INFORM	ATION AND LOCATION
Job site address: 4100 SW ORBIT ST	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 8	Project name: West End District
and the state of t	alley Highway and SW Murray BLVD
Subdivision: West End District	Lot no.: Building 8
Tax map/parcel no.:	ION OF WORK
	t building with retail on the first floor
and 3 floors of apartments above.	☐ TENANT
☑ PROPERTY OWNER	mpany
☑ PROPERTY OWNER Name: Urban Form Development Cor	mpany
☑ PROPERTY OWNER Name: Urban Form Development Col Address: 703 Broadway Street Suite 5	mpany
☑ PROPERTY OWNER Name: Urban Form Development Country Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660	mpany 510 Fax:
☑ PROPERTY OWNER Name: Urban Form Development Country Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807	mpany 510 Fax:
PROPERTY OWNER Name: Urban Form Development Country Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.com	mpany 510 Fax: m, awalters1@taylormorrison.com Contact Person
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.com ☑ APPLICANT	mpany 510 Fax: m, awalters1@taylormorrison.com □ contact person
☑ PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.com ☑ APPLICANT Business name: Urban Form Development	mpany 510 Fax: m, awalters1@taylormorrison.com Contact Person ent Company
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.cor ☑ APPLICANT Business name: Urban Form Development Contact name: Braden Lewallen	mpany 510 Fax: m, awalters1@taylormorrison.com Contact Person ent Company
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.com ☑ APPLICANT Business name: Urban Form Development Contact name: Braden Lewallen Address: 703 Broadway Street Suite 5	mpany 510 Fax: m, awalters1@taylormorrison.com Contact Person ent Company
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.cor ☑ APPLICANT Business name: Urban Form Development Contact name: Braden Lewallen Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (360) 989-7944	Fax: m, awalters1@taylormorrison.com Contact Person ent Company
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.cor ZAPPLICANT Business name: Urban Form Developme Contact name: Braden Lewallen Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (360) 989-7944 E-mail: blewallen@taylormorrison.cor	mpany 510 Fax: m, awalters1@taylormorrison.com CONTACT PERSON ent Company 510 Fax:
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.cor ZAPPLICANT Business name: Urban Form Developme Contact name: Braden Lewallen Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (360) 989-7944 E-mail: blewallen@taylormorrison.cor	Fax: contact person ent Company Fax: Fax: m, awalters1@taylormorrison.com Fax: m, awalters1@taylormorrison.com
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.cor ☑ APPLICANT Business name: Urban Form Development Contact name: Braden Lewallen Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (360) 989-7944 E-mail: blewallen@taylormorrison.co	Fax: contact person ent Company Fax: Fax: m, awalters1@taylormorrison.com Fax: m, awalters1@taylormorrison.com
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.cor ☑ APPLICANT Business name: Urban Form Development Contact name: Braden Lewallen Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (360) 989-7944 E-mail: blewallen@taylormorrison.co CONT Business name: Polygy WH	Fax: m, awalters1@taylormorrison.com contact Person ent Company Fax: m, awalters1@taylormorrison.com LLC
PROPERTY OWNER Name: Urban Form Development Cor Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (503) 314-0807 E-mail: blewallen@taylormorrison.cor ☐ APPLICANT Business name: Urban Form Development Contact name: Braden Lewallen Address: 703 Broadway Street Suite 5 City/State/ZIP: Vancouver, WA 98660 Phone: (360) 989-7944 E-mail: blewallen@taylormorrison.cor CONT Business name: Pougus WIH Address: 703 Broadway WIH	Fax: m, awalters1@taylormorrison.com contact Person ent Company Fax: m, awalters1@taylormorrison.com LLC

Date:

11/05/19

		····
REQUIRED DATA: 1- AND 2-FAM	 Reserve and the September of the September o	2.7.4
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equ	uipment, [
Valuation		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL	USE CHECKL	IST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit f this application.	dollar) of all eq or the work indi	uipment, cated on
Valuation	4,833	,333.33
Existing building area:	square feet	0
New building area:	square feet	47902
Number of stories:		4
Type of construction: New Const	ruction-Mix	ed Use
Occupancy groups:	Apartment	Rental
Existing:		None
New:	Apartment	t Rental
NOTICE		
All contractors and subcontractors are red the Oregon Construction Contractors Boa may be required to be licensed in the juris being performed. If the applicant is exempt following reasons apply:	rd under ORS i diction in which	701 and work is
BUILDING PERMIT	FEES*	
Please refer to fee sci	hedule	
Fees due upon application	\$5,336.0	05
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Print name:

Prodon Lowallon

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE	E USE ONLY
Date Received: 10-24-19	Permit No.: B2019-4407
Date Issued: 8 24 2020	M
	Payment Type:

OREGON	General Information (503) 526-2222 BeavertonOregon.geg		Payment Type:	
		REQUIRED	DATA; 1- AND 2-FAMILY DWELLING	
	TYPE OF WORK	Pormit foes* are har	sed on the value of the work performed.	
☑ New construction ☐ Demolition ☐ Indicate the value (rounded to the nearest dollar) of all construction ☐ Demolition ☐ Indicate the value (rounded to the nearest dollar) of all construction ☐ Other ☐ Othe			rounded to the nearest dollar) of all equipment, erhead, and the profit for the work indicated on	
☐ Addition/alteration/replacement	Other:	this application.		
<u>CA</u>	TEGORY OF CONSTRUCTION	Valuation		
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedr	ooms:	
☐ Accessory building	☑ Multi-family	Number of bathr	ooms:	
☐ Master builder	Other:	Total number of	floors:	
Service Commission Commission Commission	TE INFORMATION AND LOCATION	New dwelling are	ea: square feet	
Job site address: 4000 SW ORE	BIT ST	Garage/carport	area: square feet	
city/State/ZIP: Beaverton, OR		Covered porch a	area: square feet	
Suite/bldg./apt. no.: Building 7	Project name: West End District	Deck area:	square feet	
Cross street/directions to job site: Tu	ıalatin Valley Highway and SW Murray BLVD	Other structure	area: square feet	
		REQUIRED	DATA: COMMERCIAL-USE CHECKLIST	
Subdivision: West End District	Lot no.: Building 7	Permit fees* are bo	ased on the value of the work performed. (rounded to the nearest dollar) of all equipment,	
Tax map/parcel no.:		materials, labor, ov	verhead, and the profit for the work indicated on	
	DESCRIPTION OF WORK	this application. Valuation	4,833,333.33	
Dutter 7 is a mixed upo 6	apartment building with retail on the first floor	1 1		
and 3 floors of apartments	above.		5 1 47000	
did o notice of special		New building ar		
		Number of stori		
Z PROPERTY OWNE	20000000000000000000000000000000000000	Type of constru	action: New Construction-Mixed Use	
Name: Urban Form Develop	ment Company	Occupancy gro		
Address: 703 Broadway Stre	et Suite 510	Existing:	None	
City/State/ZIP: Vancouver, WA		New:	Apartment Renta	
Phone: (503) 314-0807	Fax:		NOTICE	
E-mail: blewallen@taylormo	orrison.com, awalters1@taylormorrison.com	All contractors and	d subcontractors are required to be licensed with	
	☐ CONTACT PERSON	may be required to	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is	
Business name: Urban Form D	Development Company	being performed. following reasons	If the applicant is exempt from licensing, the apply:	
Contact name: Braden Lewalle	ən			
Address: 703 Broadway Stre	et Suite 510			
City/State/ZIP: Vancouver, W/	A 98660		•	
Phone: (360) 989-7944	Fax:			
E-mall: blewallen@taylormo	orrison.com, awalters1@taylormorrison.com		BUILDING PERMIT FEES*	
	CONTRACTOR		Please refer to fee schedule	
Business name: PO UQW	1 WLH LLC		45.004.05	
Address: 703 VB	roadway St. Ste 510	Fees due upon a		
City/State/ZIP: Vancor	R WX 98660	Amount received		
Phone: 360 - 695-	7700 Fax:	Date received:		
CCB lic.: 204 238		This permit a	pplication expires if a permit is not obtained	
Authorized			lays after it has been accepted as complete	
signature:		+ C thod	latagy eat by Tri-County Building	

Date:

10/23/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

RECEIVED 8/6/2020 Plumbing Permit Application PATOF BEAVERTON 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 REV 20-435 REV 20-435 REV 20-435 REV 20-435 REV 20-60 REV 20

Date Received:	Permit No.: B2019-4407
Date Issued: Date Issued:	M
	Payment Type:

TYPE O	☐ Demolition		
New construction	Other:		
Addition/alteration/replacement	CONSTRUCTION		
	☐ Commercial/industrial		
1- and 2-family dwelling			
Accessory building	Multi-family ☐ Other:		
Master builder	TION AND LOCATION		
	HON AND ECOATION		
Job site address: 4000 SW Orbit St.			
City/State/ZIP: Beaverton OR	Project name: West End Apartments		
Suite/bldg./apt. no.: 7	Project name: West End Apartments		
Cross street/directions to job site: SW Tu	alatin Valley Hwy		
Subdivision:	Lot no.:		
Tax map/parcel no.:			
DESCRIPTION	N OF WORK		
•			
	☐ TENANT		
Name: West End Beaverton LLC			
Address: 703 Broadway St. Suite 51	0		
City/State/ZIP: Vancouver WA 98660			
Phone: (503) 221-1920 Fax:			
E-mail: CGrieb@taylormorrison.cor	n		
☐ APPLICANT	⊠ CONTACT PERSON		
Business name: Polygon WLH			
Contact name: Cam Grieb			
Address: 703 Broadway St. Suite 51	0		
Address: 703 Broadway St. Suite 51 City/State/ZIP: Vancouver WA 98660			
City/State/ZIP: Vancouver WA 98660			
City/State/ZIP: Vancouver WA 98660 Phone: (503) 536-3486	Fax:		
City/State/ZIP: Vancouver WA 98660	Fax:		
City/State/ZIP: Vancouver WA 98660 Phone: (503) 536-3486 E-mail: CGrieb@taylormorrison.cor	Fax:		
City/State/ZIP: Vancouver WA 98660 Phone: (503) 536-3486 E-mail: CGrieb@taylormorrison.cor contra Business name: Alliance Plumbing	Fax: n CTOR		
City/State/ZIP: Vancouver WA 98660 Phone: (503) 536-3486 E-mail: CGrieb@taylormorrison.com contra Business name: Alliance Plumbing Address: 146 west historic columbia	Fax: n CTOR		
City/State/ZIP: Vancouver WA 98660 Phone: (503) 536-3486 E-mail: CGrieb@taylormorrison.com CONTRA Business name: Alliance Plumbing Address: 146 west historic columbia City/State/ZIP: troutdale or 97060	Fax: n cror river hwy		
City/State/ZIP: Vancouver WA 98660 Phone: (503) 536-3486 E-mail: CGrieb@taylormorrison.cor	Fax: n ACTOR river hwy Fax: (503) 912-6438		
City/State/ZIP: Vancouver WA 98660 Phone: (503) 536-3486 E-mail: CGrieb@taylormorrison.com CONTRA Business name: Alliance Plumbing Address: 146 west historic columbia City/State/ZIP: troutdale or 97060	Fax: n ACTOR river hwy Fax: (503) 912-6438		

FEE SCHEDULE			
For special information			
Description Qty. Ea. Total			
New 1- 2-family dwellings (includes 100	ft. for ea		nnection)
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (0 sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain	1	20.31	20.31
Manufactured home utilities		20.31	
Rain drain connector	21	20.31	426.51
Sanitary sewer (no. linear ft.: 100)		*	52.99
Storm sewer (no. linear ft.: 100)		*	52.99
Water service (no. linear ft.: 100)		*	52.99
Fixture or item			
Absorption valve (water hammer)	2	20.31	40.62
Backflow preventer		43.68	
Backwater valve	1	20.31	20.31
Clothes washer	36	20.31	731.16
Dishwasher	36	20.31	731.16
Drinking fountain	1	20.31	20.31
Ejectors/sump	1	20.31	20.31
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer	2	20.31	40.62
Garbage disposal	36	20.31	731.16
Hose bib	2	20.31	40.62
lce maker		20.31	
Interceptor/grease trap	2	20.31	40.62
Medical gas (value: \$ 0)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	106	20.31	2,152.86
Tub/shower/shower pan	57	20.31	1,157.67
Urinal	1	20.31	20.31
Water closet	60	20.31	1,218.60
Water heater/expansion tank	36	20.31	731.16
Water meter pvt		20.31	
1&2 family dwelling re-pipe	 	144.95	
Multi-family/commercial re-pipe (first 20 fixtures)		144.95	
Multi-family/commercial re-pipe ea. fixture over 20		9.67	
Other: Future Connection Rt.	3	20.31	60.93
		Subtotal	8,364.21
	dinimum	permit fee	
Check for Plan Review Plan review (25% of	permit fee)	
State surcharge			1,003.71
			40.007.00

TOTAL PERMIT FEE \$9,367.92

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

* See Fee Schedule

total due.

Date: 02/26/20



Authorized

elgnature:

Kelsen Rossow

Print name: Kolseg-cRessows...

Building Permit Application

Community Development Department, Building Division
Cliy of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

DECI-11	
	JSE ONLY
Date Received 08/12/2020	Permit No. B2020-2895
Date Issued: SQ XXX	N :
CITY OF BEAVERTON	Payment Type:

Without of the	- Indiana - Indi	ВШ	DIMO	Dilling	1.	
TYPE OF	WORK		PINC	REOUNEU DAT	A: 1: AND 2-FAN	ALLY DWELLING
☐ New construction	☐ Demolition			,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 1710 100,000 07,5119	work performed, dollar) of all equipment,
☐ Addition/alteration/replacement	☑ Other: Repair		materla			or the work indicated on
CATEGORY OF	CONSTRUCTION		Valuation			\$29,865
☑ 1- and 2-family dwelling	Commercial/industrial		Num	iber, of bedrooms:	•	
Accessory building	☐ Multi-family		Num	iber of bathrooms:		
☐ Master builder	Other:	200	Tota	I number of floors		
JOB SITE INFORMAT	ON AND LOCATION		New	dwelling area:		square feet
Job site address: 14350 SW Lisa Ln		_	Gara	ige/carport area:		square feet
City/State/ZIP: Beaverton, OR 97005			Cove	ered porch area:		square feet
Sulte/bidg./apt. no.:	Project name:			k area:		square feet
Cross street/directions to job site:				er structure area:		square feet
			Eleganomorphi	etropologica en Antonio de Albando	COMMERCIAL	USE CHECKLIST
Subdivision:	Lot no.:		1.05/64/07/2006	fees* are based or		
Tax map/parcel no.:	<u> </u>		Indicate	the value (round	ed to the nearest	dollar) of all equipment, or the work indicated on
DESCRIPTION	OF WORK			lication,		
Voluntary repair to existing foundation			Valuation			
Total to briefly to a realist				ling building area:	· · · ·	square feet
			New	building area:		square feel
			Num	ber of stories:		
Z PROPERTY OWNER	□ TENANT		Туре	of construction:		· · · · · · · · · · · · · · · · · · ·
Name: Pamela Hunsinger			Occi	Ipancy groups:		
Address: 14350 SW Lisa Ln	The state of the s			Existing:		
City/State/ZIP: Beaverton, OR 97005 Phone: (503) 338-8748	Fax:		!	New:	·	
E-mail: 1000	Lax:	\dashv			NOTICE	
	Z CONTACT BERCON					lired to be licensed with
☑ CONTACT PERSON			the Oregon Construction Contractors Board under QRS 701 may be required to be licensed in the jurisdiction in which when being performed. If the applicant is exempt from licensing, if		diction in which work is	
Business name: Ram Jack West Contact name: Kelsea Rossow		-		eriormed, ii ine ap g reasons apply:	ppiicant is exemp	t from licensing, the
Address: PO Box 11701		-				
City/State/ZIP: Eugene, OR 97440		-				
Phone: (458) 221-0018	Fax: (541) 688-4991	-				·
E-mail: kelsea@ramjackwest.com	74(341) 008-4991					
	TOR	·		BUILD	ING PERMIT F	EES*
GONTRACTOR: Business name: Ram Jack West		486			e refer to fee sche	
Address PO Box 11701			Fees du	e upon application		\$280.73
Olly/State/ZIP: Eugene, OR 97440				received		Auniail M
Phone: (458) 221-0018	Fax: (541) 688-4991		Date rec			
CCB IIc.: 146906	THE COTTY OOD TOO!	\dashv	Cale 180	MITOUR	Managa sinain ann an Luci matta airm tal air i	***************************************
Anihorized DoouSigned by:			This	permit application	on expires if a pe	armit is not obtained

Dale: 8/11/2020

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY		
Date Received:	1-15-19	Permit No.: B2019-0187
Date Issued:	9 14 mal	Per
	A 4 1 1 1 1 1 1 1 1 1	Payment Type:

Beaverton Gene	eral Information (503) 526-2222 BeavertonOregon.gov	Payment Type:	
TVPE (DF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
	Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,	
New construction Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated on this application.	
	CONSTRUCTION	Valuation \$ 23 (088, 20)	
	Commercial/industrial	Number, of bedrooms: 3	
1- and 2-family dwelling Accessory building	☐ Multi-family	Number of bathrooms: 3 1/2	
☐ Master builder	Other:	Total number of floors:	
	ATION AND LOCATION	New develop organia de la square feet	
	PENNEY Rd.	equare feet	
City/State/ZIP: Beaventon		NONE	
	Project name: Den Neu Rd Partition	Covered porch area: NONE square feet	
Suite/bldg./apt. no.: Cross street/directions to job site:	Plat	Deck area: square feet	
		Other structure area: square feet	
Denney and 10	70 St SW	REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment	
Tax map/parcel no.: 15 123 BC -	-00200	materials, labor, overhead, and the profit for the work indicated or this application.	
DESCRIPT	ION OF WORK	Valuation	
		Existing building area: square feet	
NEW HOME		New building area: square feet	
	and the state of t	Number of stories:	
PROPERTY OWNER	□TENANT	Type of construction:	
Name: PETRU BULZA		Occupancy groups:	
Address: 9875 SW DENNE	Ea RD.	Existing:	
City/State/ZIP: BEAVERTON	OR. \$7008	New:	
Phone: 503-4070738	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are required to be licensed wi	
☆ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and	
Business name: PETRIS BULZ	H CONSTRUCTION	being performed. If the applicant is exempt from licensing, the following reasons apply:	
Contact name: DETELL		Tollowing Teston - Tiply	
Address: 99 75 SW DEN	UNEY RD.		
City/State/ZIP: BEAUFOTON	OR. 97008		
Phone: 503 4070738	Fax:	·	
E-mail: P_BULZA @ WAHO	o-con.	BUILDING PERMIT FEES*	
CONTRACTOR			
Business name:		Please refer to fee schedule	
Address:		Fees due upon application	
City/State/ZIP:	me	Amount received	
Phone: 5034070738	Fax:	Date received:	
CCB lic.: 91878		This permit application expires if a permit is not obtained	
Authorized signature:	D. A	within 180 days after it has been accepted as complete * Fee methodology set by Tri-County Building	

Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

•	DECEMENT	
ļ	OFFICE	
	Date Received: 08/19/2020	Permit No.: B2020-3018
3	8 01-00	By: ML
	CITY OF BEAVERTON	Payment Type: VISC

H Beaver wil	Phone: (503) 526-2403; Fax: (503) 526-2550	CITY OF BEAVERTON Payment Type. VIOC
A ST	www.BeavertonOregon.gov/blb	BUILDING POWER ONTA: 1- AND 2-FAMILY OWELLING
	TYPE OF WORK	Permit fees* are based on the value of the work performed.
☐ New construction	☐ Demolition	Permit fees' are based on the value of the feest dollar) of all equipment, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Addition/alteration/replacem	ent Other:	this application.
	CATEGORY OF CONSTRUCTION	Valuation 748,000
☐ 1- and 2-family dwelling	∠ Commercial/industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
Master builder	Other:	Total number of floors:
	OB SITE INFORMATION AND LOCATION	New dwelling area: square feet
SALVINGE PURCHASING DESCRIPTION OF THE	SU Watson Ave	Garage/carport area: square feet
		Covered porch area: square feet
City/State/ZIP: Beauty Suite/bidg./apt. no.:	Project name: Nak lulo	Deck area: square feet
Cross street/directions to Job s	site:	Other structure area: square feet
	1.64	REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Corner Of	Westson &	the value of the work performed.
Subdivision:	Lol no.:	Permit fees* are based on the value of the work polynoment, Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Tax map/parcel no.:		this application.
	DESCRIPTION OF WORK	Valuation
T. su 1	De 1008 entin builden	Existing building area: Source square feet
124 -088		New building area: square feet
		Number of stories:
□ PROPERTY	OWNER CI TENANT	Type of construction: Block / Lucal
SALES TO SALES AND ADDRESS OF THE SALES AND AD		Occupancy groups:
Name: Man	Watson Ave	Existing:
Address: UBDO SI	1 Na 190 W	New:
City/State/ZIP: Becule	ton of 9 tots	NOTICE
Phone: 303-70	6. 9831	All contractors and subcontractors are required to be licensed with
E-mail:	CANT LES CONTACT PE	ERSON the Oregon Construction Contractors board and which work is
DD APPL		being performed. If the applicant is exempt from licensing, the
Business name:	Hotchinson LLC	following reasons apply:
Contact name: 500	+ Hutchipson	
Address: 73 25	NA PROME DE	
City/State/ZIP: /-///	16010, OR 97124	
Phone: 503-950	7777	
E-mail: Saho	tchood graft com	BUILDING PERMIT FEES!
The second second second	CONTRACTOR	Please refer to fee schedule
Business name: 5./	D. Mutchipson 116	Fees due upon application \$961.07
Address: 7325	NE Inblie De #133	Amount received
City/State/ZiP: ////	non , OR 97124	Date received:
Phone: 503 -93	76-972 Fax:	
CCB lic.: 19	2063/	This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Authorized		* Fee methodology set by Tri-County Building
signature;	40	Fee menodology sorry

8-15-2020

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Authorized C. M. Ziegler signature:

Print name: Christiné M. Ziegler

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.ReavertonOregon deviable

OFFICE	JSE ONLY
Date Received: 08/19/2020	Permit No.: B2020-3014
Date Issued: 8 20 30 30	Ву:
CITY OF REAVERTON	Payment Type:

www.Beav	vertonOregon.gov/blb	BUILDING DIVING
Т	YPE OF WORK	BUILDING DIVISIONATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
	RY OF CONSTRUCTION	Valuation
1- and 2-family dwelling		Number. of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
JOB SITE INF	ORMATION AND LOCATION	New dwelling area: square feet
Job site address: 9140 Southwest Hall Bo	oulevard	Garage/carport area: square feet
City/State/ZIP: Portland, OR 97223		Covered porch area: square feet
Suite/bldg./apt. no.: Suite C	Project name: Banfield Pet H	#5262 Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed.
Tax map/parcel no.:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
	CRIPTION OF WORK	this application. Valuation \$13,896.00
relocate and add pendent and upright	t corinkler heads to conform to new	
layout for tenant improvement	, spining riduus to demonii to nom	
		New building area: 4,948 square feet
		Number of stories: 1
☐ PROPERTY OWNER	⊠ TENA)	Type of construction: V (sprinklered)
Name: Banfield Pet Hospital		Occupancy groups:
Address: 18101 SE 6th Way		Existing: A-3 Fitness Center
City/State/ZIP: Vancouver, WA 98683		New: B (Business)
Phone: 360.784.5156	Fax:	NOTICE
E-mail: natalie.vanwagoner@banfield.c	om	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
X APPLICANT	LI CONTACT	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Business name: Cosco Fire Protection		following reasons apply:
Contact name: Christiné M. Ziegler		
Address: 2501 SE Columbia Way, Suite) 100	
City/State/ZIP: Vancouver, WA 98661	Fax: 360,883,6390	
Phone:360,883,6383	Pax.300,003,0390	
E-mail:cziegler@coscofire.com	CONTRACTOR	BUILDING PERMIT FEES*
CONTRACTOR		Please refer to fee schedule
Business name: Cosco Fire Protection	o 100	Fees due upon application \$141.89
Address: 2501 SE Columbia Way, Suite	J IUU	Amount received
City/State/ZIP: Vancouver, WA 98661	Fax: 360.883.6380	Date received:
11000.000.000		
CCB lic.: 67508		This permit application expires if a permit is not obtained

Date: 8.19.2020

This permit application expires it a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division
12726 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 626-2403; Fax: (503) 526-2550

DECENTER	
OFFICE	JSE ONLY
Date Received: 08/19/2020	Permit No.: B2020-3015
Date Issued: 9 20 100	Bŷ/_
CITY OF BEAVEDTO	Payment Type:
	N ·

www.BeavertonOr	egon.gov/blb		UF BEAVERTON	
TYPE OF	WORK	PUIL	DINGEOURE ONA; 1- AND 2-F	AMILY DWELLING
☐ New construction	☐ Demolition		Permit fees* are based on the value of t	he work performed. est dollar) of all equipment.
Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and the profithis application.	it for the work indicated on
CATEGORY OF C	CONSTRUCTION	(2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Valuation 5,754 00.	
🙀 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	
☐ Accessory building	☐ Multi-family		Number of bathrooms:	
☐ Master builder	☐ Other:		Total number of floors:	
JOB SITE INFORMATI	the first of the first section of the first section is a section of the section of the first section is a section of		New dwelling area:	square feet
Job sile address: 8520 5W. 1334	a ave		Garage/carport area:	square feet
	71008		Covered porch area:	square feet
Suite/bldg./apt. no,:	Project name:		Deck area:	square feet
Cross street/directions to job site:		 	Other structure area: Crownspace	
			REQUIRED DATA; COMMERCIA	and a first deal recovery the CVS of the ACA Proceedings.
Dub distance	Lot no.;		Permit feas* are based on the value of	the work performed.
Subdivision:	COLIDO	 	Indicate the value (rounded to the near materials, labor, overhead, and the prof	est dollar) of all equipment,
Tax map/parcel no.: DESCRIPTION	LOF WORK		this application.	
Installation of a vapor bo			Valuation	
instances of a carbo so	military lift on Company in	1 1	Existing building area:	square feet
			New building area:	square feet
			Number of stories;	
□ PROPERTY OWNER	☐ TENANT		Type of construction:	
Name: Eric Barboa			Occupancy groups;	
Address: 8520 Cm. 133rd pare			Existing:	
City/State/ZIP: Bewerran, OR, 970	№		New:	
Phone: 971 · 202 · 2578	Fax:		NOTICE	
E-mall: eman 247365 D gmail	com		All contractors and subcontractors are i	required to be licensed with
APPLICANT □ CONTACT PERSON			the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
Business name: John's Water proving				
Contact name: Jake Nordin / Cleone Canth				
Address: 201 Arreart Rd. NE	,			
City/State/ZIP: SI Weaton, DR, 97	381			
Phone: 503.873.5650	Fex: 503 873 3234			
E-mall: Jake a Johnswaker groot	ng. com/cleone@Jamswa	y**6(0)		
CONTRACTOR			BUILDING PERMI	200 Charles Annual Control of the Co
Business name: Johns Water	To restand		Please refer to fee :	
Address: 201 Airport Rd. NC.			Fees due upon application	\$109.82
City/State/ZIP:5; NEMON, OR, 9738 1			Amount received	
Phone: 503 873 5656 Fax: 503 873 3234		Date received:		
CCB Ilc.: 15830			This permit application expires if	a permit is not obtained
Authorized / 31" Edd			within 180 days after it has been	accepted as complete

Date:

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Authorized Nataska Montalvo

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 528-2403; Fax: (503) 526-2550
www.BeavertonOregon.dov/bib

DECEMEN	
OFFICE	ISE ONLY
Date Received: 06/17/2020	Permit No.: B2020-2083
Date Issued:	Ву:
CITY OF BEAVERTON	Payment Type:
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	T

www.Beav	ertonOregon.gov/blb L	LBUILDING DIVISION
T in the second	YPE OF WORK	Permit fees* are based on the value of the work performed.
☐ New construction	☐ Demolition	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Addition/alteration/replacement	☐ Other:	materials, labor, overneed, and the profit for this work materials. this application.
	RY OF CONSTRUCTION	Valuation
1- and 2-family dwelling	☑ Commercial/Industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
	FORMATION AND LOCATION	New dwelling area: square feet
Job sile address: 5355 SW Western	Ave	Garage/carport area: square feet
city/state/ZIP: Beaverton, OR 970	05	Covered porch area: square feet
Sulte/bidg./apt. no.:	Project name: 829074 TMO Ap	479319 Deck area: square feet
Cross street/directions to job site: See T-	1 of construction drawings	Other structure area: square feet
,		REQUIRED DATAL COMMERCIAL-USE CHECKLIST
	Lot no.:	a When the proced on the value of the work performed.
Subdivision:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Tex map/parcel no.: R1341747	CRIPTION OF WORK	this application.
	3.20.25.12.25.12.4.0.6.12.12.12.12.12.1	Validation
Remove (6) Radios, (3) TMAs, (1) COVP, (1) Cable and (3) Cabinets; Add (3) Antennas, (3) Radios, (2) Cables and (2) Cabinets with Ancillary		y Existing building area: 220,5 square feet New building area: NA square feet
Equipment	doi:00 direct (-)	1
<u> </u>	SAN SERVICE SE	Number of stories:
☑ PROPERTY OWNER ☑ TENANT		Type of construction: IIB
Name: JOHN NIEMEYER		Occupancy groups: U
Address: 15 82ND DR #210		Existing:
City/State/ZIP: GLADSTONE OR S	7027	New:
Phone:	Fax:	NOTICE
E-mail: NA		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
☑ APPLICANT ☐ CONTACT PERSON		the Oregon Constitution Contractors board and in which work is may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Business name: Crown Castle US/	Inc on behalf of T-Mobile	following reasons apply:
Contact name: Natasha Montalvo		
Address: 1505 Westlake Ave N	Ste 800	· ·
city/state/ZIP: Seattle, WA 98109		
Phone: (206) 336-2886	Fax:	
E-mail: natasha.montalvo@crov		BUILDING PERMIT FEES!
CONTRACTOR		Please refer to fee schedule
Business name: TBD Bluestrea	m Professional Services LLC	Fees due upon application \$476.80
Address: 51 North Pecc	os, Suite 108,	Amount received
city/State/ZIP; Las Vegas, N	V 89101	
Phone: 858-531-1655	Fax:	Date received:
ссв вс.: 197475		This permit application expires if a permit is not obtained

Date:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Milliken Way / PO Box 4755
Beaverton, OR 97076
Beaverton, OR 97076
Beaverton, CR03) 578-2403 Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received: 08/11/2020	Permit No.: B2020-2874
Date issued:	/BAN_
CITY OF BEAVERTO	Payment Type:

)3) 526-2403; Fax: (503) 526-2550 vertonOregon.gov/blb	CITY OF BEAVERTON Payment Type:
	YPE OF WORK	BUILDING AND A FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment,
☑ Addition/alteration/replacement	Other;	materials, labor, overhead, and the profit for the work indicated on
	RY OF CONSTRUCTION	this application. Valuation \$19,750
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☑ Other: carport reroof	
	ORMATION AND LOCATION	Total number of floors: New dwelling area: square feet
Job site address: 4860/4864 SW WE		
City/State/ZIP: BEAVERTON, OR 9	······································	Garage/carport area: 400 square feet
Suite/bidg./apt. no.:	Project name: 4860/4864 WEI	MBLEY Covered porch area: square feet
Cross street/directions to job site: 6TH AN		Deck area: square feet
OTHAN	ND MORKA!	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.;		materials, labor, overhead, and the profit for the work indicated on this application.
DESC	RIPTION OF WORK	Valuation
REMOVE EXISTING CARPORT ROOF INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL		Existing building area: square feet
INSTALL NEW PLYWOOD AND	DINEW ROOFING MATERIAL	New building area: square feet
		Number of stories:
PROPERTY OWNER	☐ TENANT	Type of construction:
Name: CAROL MOONEY - NW	nain awa (Maiv	Occupancy groups:
Address:		Existing:
City/State/ZIP:		New:
Phone: (503) 504-5533	Fax:	NOTICE
E-mail: THEMOON724@OUTLO		All contractors and subcontractors are required to be licensed with
☐ APPLICANT	☑ CONTACT PERSO	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: GREG LEE CONST	RUCTION	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: LINDSEY BERGIN		Tolletting found repris
Address: 11170 SW TORLAND S	Γ.	
city/State/ZIP: TIGARD, OR 97223		
Phone: (503) 941-9718	Fax:	
E-mail: LINDSEY@GREGLEERC	OFING.COM	The second secon
C	ONTRACTOR	BUILDING PERMIT FEES!
Business name: SAME AS ABOVE		Please refer to fee schedule
Address:		Fees due upon application \$290.98
City/State/ZiP:		Amount received
Phone;	Fax:	Date received:
CCB (Ic.: 206852		This permit application expires if a permit is not obtained
Authorized signature:	d Rhola	within 180 days after it has been accepted as complete

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division City of Beaverton 12726 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 626-2550 www.BeavertonOregon.gov/blb

RECENTED	
OFFICE	USE ONLY
Date Receive 8/11/2020	Permit No.: B2020-2871
Date Issued: (2) (2) (3)	€y:U
CITY OF BEAVERTON	Payment Type:

residente de la companya de la comp	ili ana ang ang ang ang ang ang ang ang ang
	YPE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGOR	RY OF CONSTRUCTION
1- and 2-family dwelling	Commercial/industria)
☐ Accessory building	☐ Multi-family
☐ Master builder	☑ Other: carport reroof
JOB SITE INF	ORMATION AND LOCATION
Job site address: 5017/5027 SW RO	CKLYNN PL.
City/State/ZIP: BEAVERTON, OR 97	7005
Sulte/bldg,/apt. no.:	Project name: 5017/5027 ROCKLYNN
Cross street/directions to job site: 6TH AN	ID MURRAY
Subdivision:	Lot no.;
Tax map/parcel no.:	Post (fig.)
	RIPTION OF WORK
Name: CAROL MOONEY — WWW. Address:	TEMANT OMALIV
Address:	
ALCONOL TOD.	
City/State/ZiP;	
Phone: (503) 504-5533	Fax:
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC	Fax: DK,COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC	Fax: DK.COM ☑ GONTAGT PERSON
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC GAPPLICANT Business name: GREG LEE CONST	Fax: DK.COM ☑ CONTACT PERSON
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN	Fax: DK.COM ZCONTACT PERSON RUCTION
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST	Fax: DK.COM ZCONTACT PERSON RUCTION
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223	Fax: DK.COM ZCONTACT PERSON RUCTION
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718	Fax: DK.COM CONTACT PERSON RUCTION Fax:
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZiP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROG	Fax: DK.COM CONTAGT PERSON RUCTION Fax: Fax: OFING.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONSTI Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROC	Fax: DK.COM CONTACT PERSON RUCTION Fax:
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONSTI Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROC CCC Business name: SAME AS ABOVE	Fax: DK.COM CONTACT PERSON RUCTION Fax: Fax: OFING.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TJGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROC Business name: SAME AS ABOVE Address:	Fax: DK.COM CONTACT PERSON RUCTION Fax: Fax: OFING.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONSTI Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZiP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROC CC Business name: SAME AS ABOVE Address: City/State/ZiP:	Fax: DK.COM CONTACT PERSON RUCTION Fax: OFING.COM DATRACTOR
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONSTI Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROG Business name: SAME AS ABOVE Address: City/State/ZIP: Phone:	Fax: DK.COM CONTAGT PERSON RUCTION Fax: Fax: OFING.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONSTI Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROC Business name: SAME AS ABOVE Address: City/State/ZIP: Phone: CCB lic.: 206852	Fax: DK.COM CONTACT PERSON RUCTION Fax: OFING.COM DATRACTOR
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONSTI Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROG Business name: SAME AS ABOVE Address: City/State/ZIP: Phone:	Fax: DK.COM CONTACT PERSON RUCTION Fax: OFING.COM DATRACTOR
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROC Business name: SAME AS ABOVE Address: City/State/ZIP: Phone: CCB lic.: 2068527 Authorized	Fax: DK.COM RUCTION Fax: OFING.COM DATRACTOR

DING DIVISION DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed.
Indicate the value (rounded to the nearest dollar) of all equipment,
materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$21,250 Number, of bedrooms: Number of balhrooms: Total number of floors: square feet New dwelling area: 400 square feet Garage/carport area: Covered porch area: square feet square feet Deck area: square feet Other structure area: REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Existing building area: square feet New building area: square feet Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES Please refer to fee schedule Fees due upon application \$314.40 Amount received Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 528-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY Date Received: 08/11/2020 Permit No.: B2020-2872 ву:∕/∧ CII

	and the second of the second o
	YPE OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	Other:
CATEGOR	Y OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☑ Other: carport reroof
JOB SITE INFO	ORMATION AND LOCATION
Job site address: 5220 SW COLONY	
City/State/ZIP: BEAVERTON, OR 97	7005
Suite/bidg./apt. no.:	Project name: 5220 COLONY
Cross street/directions to job site: 6TH AN	D MURRAY
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESC	RIPTION OF WORK
PROPERTY OWNER Name: CAROL MOONEY - MAN	
Address:	144.100.00. OLCOTAL
(1741.0041	
Cliv/State/ZIP:	
City/State/ZIP: Phone: (503) 504-5533	Fax:
Phone: (503) 504-5533	
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC	DK.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC	DK.COM Ontagt person
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST	DK.COM Ontagt person
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN	DK.COM October Contact person Con
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST	DK.COM October Contact person Con
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST Clly/State/ZIP: TIGARD, OR 97223	DK,COM CONTACT PERSON RUCTION
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718	DK,COM CONTACT PERSON RUCTION Fax:
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC D'APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEERO	CONTACT PERSON RUCTION Fax: OFING.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST Cliy/State/ZIP: T[GARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEERO	DK,COM CONTACT PERSON RUCTION Fax:
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC D'APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEERO	DK,COM CONTACT PERSON RUCTION Fax: OFING.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST Clty/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEERO CC Business name: SAME AS ABOVE Address:	DK,COM CONTACT PERSON RUCTION Fax: OFING.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROG Business name: SAME AS ABOVE Address: City/State/ZIP:	CONTACT PERSON RUCTION Fax: OFING.COM INTRACTOR
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC	CONTACT PERSON RUCTION Fax: OFING.COM
Phone: (503) 504-5533 E-mail: THEMOON724@OUTLOC D'APPLICANT Business name: GREG LEE CONST Contact name: LINDSEY BERGIN Address: 11170 SW TORLAND ST City/State/ZIP: TIGARD, OR 97223 Phone: (503) 941-9718 E-mail: LINDSEY@GREGLEEROG CC Business name: SAME AS ABOVE Address: City/State/ZIP:	CONTACT PERSON RUCTION Fax: OFING.COM INTRACTOR

Y OF BEAVERTON	
DINGREWIEBIONTA: 1- AND 2-FAM	IILY DWELLING
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	work performed, dollar) of all equipment,
Valuation	\$17,000
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area; 400	square feet
Covered porch area:	square feel
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL	USE CHECKLIST
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	·
Existing building area;	square feet
New building area;	square feet
Number of stories:	
Type of construction;	
Occupancy groups:	
Existing:	, <u>, , , , , , , , , , , , , , , , , , </u>
New:	
NOTICE	
All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the jurist being performed. If the applicant is exemp following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMIT/F	EECS CHARLES COME
Please refer to fee sch	
	i
Fees due upon application Amount received	\$255.85 T
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Trl-County Bullding Industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Beaverton, OR 97076

DECEMENT	
OFFICE U	JSE ONLY
Date Received: 08/1,1/2020	Permit No.: B2020-2873
Date Issued: インドウンスのフン	By!
CITY OF BEAVERTON	Payment Type:

OREGON	Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/blb	CITY OF BEAVERTON Payment Type:
a. Const. of all all all	TYPE OF WORK	BUILDING DOOR 1-AND 2-PAMILY DWELLING
	Demoillion	Permit fees' are based on the value of the work performed.
☐ New construction		materials, labor, overhead, and the profit for the work indicated on
☑ Addition/alteration/replacem	CATEGORY OF CONSTRUCTION	this application. Valuation \$12,500
	☐ Commercial/industrial	Number, of bedrooms:
1- and 2-family dwelling	☐ Multi-family	Number of bathrooms:
Accessory building	☑ other: carport reroof	Total number of floors:
☐ Master builder	OB SITE INFORMATION AND LOCATION	
Job site address: 14290 SV		400
City/State/ZIP: BEAVERTO		
Suite/bldg./apt. no.:	Project name: 14290 ROCKI	YNN
	Ile: 6TH AND MURRAY	
Character and an arrangement of the second	OLU AND MONION	Chiai structure at our
		Permit fees* are based on the value of the work performed.
Subdivision:	Lot no.:	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Tax map/parcel no.:		this application.
	DESCRIPTION OF WORK	Valuation
REMOVE EXISTING	CARPORT ROOF	Existing building area; square feet
INSTALL NEW PLYW	OOD AND NEW ROOFING MATERIAL	New building area: square feet
		Number of stories:
PROPERTY	OWNER TENANT	Type of construction:
Name: CAROL MOON	er - Manhenard War	Occupancy groups:
Address:		Existing:
City/State/ZiP:		New:
Phone: (503) 504-5533	Fax:	NOTICE
E-mail: THEMOON7240	@OUTLOOK.COM	All contractors and subcontractors are required to be licensed with
☐ APPLIC		may be required to be itcensed in the junisticular in willow work in
Business name: GREG LE	EE CONSTRUCTION	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contect name: LINDSEY	BERGIN	
Address: 11170 SW TO	RLAND ST.	
City/State/ZIP: TIGARD, (OR 97223	
Phone: (503) 941-9718		
E-mail: LINDSEY@GR	EGLEEROOFING,COM	BUILDING PERMIT FEES!
	CONTRACTOR	Please refer to fee schedule
Business name: SAME AS	S ABOVE	Fees due upon application
Address:		Amount received
City/State/ZIP:		
Phone:	Fax:	Date received:
CCB lic.: 206852	A. 1	This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Authorized	0 K9/00 0 0 0	2020

Date:

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001



Kellie Kravnak

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 8-17-2020	Permit No.: B2020-2971
Date Issued: 8-17-20	By: JUL
	Payment Type: VISA

www.Beaver	tonOregon.gov/bib
TYF	PE OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	Other:
CATEGORY	OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	✓ Multi-family
☐ Master builder	Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 13090 SW 17th St.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: Bldg 13	Project name: Mt. Vernon Bldg 13
Cross street/directions to job site: SW Erick	son Ave. & SW 17th St.
	Lot no.:
Subdivision: HYLH	LOUTO.:
Tax map/parcel no.: 1S121AB11500	
nce/o	RIPTION OF WORK
	nd shingle. Replace roof sheathing only if
Replace roofing underlayment ar damaged. Z PROPERTY OWNER	nd shingle. Replace roof sheathing only if
Replace roofing underlayment ar damaged. Z PROPERTY OWNER	nd shingle. Replace roof sheathing only if
Replace roofing underlayment ar damaged. Z PROPERTY OWNER Name: Mt. Vernon Village Home C	nd shingle. Replace roof sheathing only if ☐ TENANT Dwners Association an Oregon nonprofit (
Replace roofing underlayment ar damaged. PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429	nd shingle. Replace roof sheathing only if ☐ TENANT Dwners Association an Oregon nonprofit (
Replace roofing underlayment ardamaged. PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075	nd shingle. Replace roof sheathing only if TENANT Dwners Association an Oregon nonprofit (
Replace roofing underlayment ardamaged. PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone:	nd shingle. Replace roof sheathing only if TENANT Dwners Association an Oregon nonprofit (
Replace roofing underlayment ardamaged. Z PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail:	TENANT Dwners Association an Oregon nonprofit (**) Fax:
Replace roofing underlayment ardamaged. Z PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: Z APPLICANT	TENANT Dwners Association an Oregon nonprofit (**) Fax:
Replace roofing underlayment ardamaged. PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: APPLICANT Business name: Summit RWP	TENANT Dwners Association an Oregon nonprofit (**) Fax:
Replace roofing underlayment ardamaged. PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak	TENANT Dwners Association an Oregon nonprofit (**) Fax:
Replace roofing underlayment ardamaged. PROPERTY OWNER Name: Mt. Vernon Village Home Contact name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd	TENANT Dwners Association an Oregon nonprofit (**) Fax:
Replace roofing underlayment ardamaged. PROPERTY OWNER	TENANT Dwners Association an Oregon nonprofit (**) Fax: Fax:
Replace roofing underlayment ardamaged. PROPERTY OWNER	TENANT Dwners Association an Oregon nonprofit (**) Fax: Fax:
Replace roofing underlayment ardamaged. PROPERTY OWNER	TENANT Dwners Association an Oregon nonprofit (**) Fax: Fax:
Replace roofing underlayment ardamaged. Z PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: Z APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com	TENANT Dwners Association an Oregon nonprofit (**) Fax: Fax:
Replace roofing underlayment ardamaged. PROPERTY OWNER Name: Mt. Vernon Village Home C Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: PAPPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com	TENANT Dwners Association an Oregon nonprofit (**) Fax: Fax:
Replace roofing underlayment ardamaged. PROPERTY OWNER Name: Mt. Vernon Village Home Contact name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com Contact name: Summit RWP Contact name: Summit RWP Contact name: Summit RWP Address: 7215 SW Bonita Rd	TENANT Dwners Association an Oregon nonprofit (**) Fax: Fax:

Date:

08/17/20

REQUIRED DATA: 1- AND	
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	earest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the r materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	98,777.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	VB
Occupancy groups:	
Existing:	R-2
New:	R-2
NOT	CE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
. Surv. o. MAXX	
BUILDING PE	
Please refer to	fee schedule
	fee schedule
Please refer to	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Kellie Kravnak

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOrecon.gov/bib

OFFICE USE ONLY		
Date Received: 8-17-20	Permit No.: B2020-2970	
Date Issued: 6-17-20	Ву: 111	
	Payment Type: Vi5a	

www.Beaver	rtonOregon.gov/blb	
ТҮР	PE OF WORK	
☐ New construction	☐ Demolition	
☑ Addition/alteration/replacement	Other:	
	OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial	
☐ Accessory building	☑ Multi-family	
☐ Master builder	Other:	
JOB SITE INFO	RMATION AND LOCATION	
Job site address: 6205 SW Erickson A	\ve	
City/State/ZIP: Beaverton OR 97008		
Suite/bldg./apt. no.: Bldg 6	Project name: Mt. Vernon Bldg 6	
Cross street/directions to job site: SW Erjc	kson Ave. & SW 17th St.	
Subdivision: HYLH	Lot no.:	
Tax map/parcel no.: 1S121AB07900		
DESCR	RIPTION OF WORK	
Name: Mt. Vernon Village Home C Address: PO Box 2429	Owners Association an Oregon nonprofit @	
City/State/ZIP: Beaverton, OR 97075	5	
Phone:	Fax:	
E-mail:		
☑ APPLICANT	☐ CONTACT PERSON	
Business name: Summit RWP		
Contact name: Kellie Kraynak		
Address: 7215 SW Bonita Rd		
City/State/ZIP: Tigard, OR 97224		
Phone: (971) 409-4984	Fax:	
E-mail: Kelliek@summitrecon.com	1	
GC	ONTRACTOR	
Business name: Summit RWP		
	The state of the s	
Address: 7215 SW Bonita Rd		
Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224		
	Fax:	
City/State/ZIP: Tigard, OR 97224	Fax:	

Dale:

08/17/20

	Payment Type:	Visa
REQUIRED DAT	A: 1- AND 2-FAI	WILY DWELLING
Permit fees* are based o	n the value of the	
Valuation		
Number, of bedrooms		
Number of bathrooms	:	
Total number of floors	s;	
New dwelling area:		square feet
Garage/carport area;		square feet
Covered porch area:		square feet
Deck area:		square feet
Other structure area:		square feet
REQUIRED DATA	: COMMERCIA	L-USE CHECKLIST
Permit fees* are based indicate the value (round materials, labor, overheaths application.	ded to the neares	st dollar) of all equipment, for the work indicated on
Valuation		98,777.00
Existing building area):	square feet
New building area:		square feet
Number of stories:		
Type of construction		VI
Occupancy groups:		
Existing:		R-
New:		R-
	NOTICE	
the Oregon Construction	n Contractors Bo icensed in the jur applicant is exer	equired to be licensed with pard under ORS 701 and risdiction in which work is npt from licensing, the
	×.	
	LDING PERMIT	
	ase refer to fee s	
Fees due upon applica	tion	\$1,442.6
Amount received	<u></u>	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Kellie Kraynak

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE USE ONLY	
Date Received: 8-17-2020	Permit No.: B2020-2968
Date Issued: 8-17-20	By: HU
	Payment Type: Vi56

WORK Demolition Other: CONSTRUCTION Commercial/industrial Multi-family Other: ON AND LOCATION	REQUIRED DATA: Permit fees* are based on indicate the value (rounder materials, labor, overhead, this application. Valuation Number. of bedrooms: Number of bathrooms: Total number of floors:
Other: CONSTRUCTION Commercial/industrial Multi-family Other:	Indicate the value (rounded materials, labor, overhead, this application. Valuation Number. of bedrooms: Number of bathrooms:
CONSTRUCTION Commercial/industrial Multi-family Other:	this application. Valuation Number. of bedrooms: Number of bathrooms:
☐ Commercial/industrial ☑ Multi-family ☐ Other:	Valuation Number. of bedrooms: Number of bathrooms:
☑ Multi-family ☐ Other:	Number of bathrooms:
Other:	
	Total number of floors:
ON AND LOCATION	
	New dwelling area:
	Garage/carport area:
	Covered porch area:
Project name: Mt. Vernon Bldg 2	
Ave. & SW Allen Blvd.	Deck area:
	Other structure area:
Letro	REQUIRED DATA: Permit fees* are based on
Lot no.:	Indicate the value (rounde
	materials, labor, overhead this application.
	Valuation
ingle. Replace roof sheathing only if	Existing building area:
	New building area:
į	Number of stories:
☐ TENANT	Type of construction:
s Association an Oregon nonprofit	Occupancy groups;
	Existing:
	New:
Fax:	
	Att
☐ CONTACT PERSON	All contractors and subcor the Oregon Construction (
	may be required to be lice being performed. If the ap
	following reasons apply:
Fax:	
CTOR	BUILD
	Please
	Fees due upon application
	Amount received
Fax:	Date received:
	This permit application within 180 days afte
	Ave. & SW Allen Blvd. Lot no.: N OF WORK ingle. Replace roof sheathing only if TENANT rs Association an Oregon nonprofit (**) Fax: CTOR

Date:

08/17/20

1- AND 2-FAMILY DWELLING the value of the work performed. d to the nearest dollar) of all equipment, , and the profit for the work indicated on square feet square feet square feet square feet square feet COMMERCIAL-USE CHECKLIST the value of the work performed. In the nearest dollar) of all equipment, I, and the profit for the work indicated on 98,777.00 square feet square feet 2 **VB** R-2 R-2 NOTICE ntractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is oplicant is exempt from licensing, the ING PERMIT FEES* e refer to fee schedule \$1442.63

on expires if a permit is not obtained er it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Kellie Kraynak

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

Date Received: 8-17-2020

Date Issued: 8-17-20

OFFICE	USE ONLY
)20	Permit No.: B2020-2966
- <u>20</u>	Ву: #//

TYP	E OF WORK
New construction	Demolition
✓ Addition/alteration/replacement	☐ Other:
	OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
Master builder	Other:
JOB SITE INFOR	RMATION AND LOCATION
Job site address: 6005 SW Erickson Av	Ve
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: Bldg 1	Project name: Mt. Vernon Bldg 1
Cross street/directions to job site: SW Erick:	The second secon
GVV LIIGN	SOIT AVE. & GVV Alleit Biva.
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121AB05300	
DESCRI	PTION OF WORK
damaged.	d shingle. Replace roof sheathing only if
damaged. ☑ PROPERTY OWNER	□ TENANT
damaged. Z PROPERTY OWNER Name: Mt. Vernon Village Home Ov	
damaged. PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429	□ TENANT
damaged. PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075	□ TENANT
damaged. PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone:	☐ TENANT wners Association an Oregon nonprofit 🚰
damaged. PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075	☐ TENANT wners Association an Oregon nonprofit 🚰
damaged. PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: PAPPLICANT	☐ TENANT wners Association an Oregon nonprofit (☐) Fax:
damaged. ☑ PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: ☑ APPLICANT Business name: Summit RWP	☐ TENANT wners Association an Oregon nonprofit (*** Fax:
damaged. PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: PAPPLICANT Business name: Summit RWP Contact name: Kellie Kraynak	☐ TENANT wners Association an Oregon nonprofit (☐) Fax:
D PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: D APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd	☐ TENANT wners Association an Oregon nonprofit (☐) Fax:
damaged. PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: PAPPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224	☐ TENANT wners Association an Oregon nonprofit Fax: ☐ CONTACT PERSON
D PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: D APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984	renant where Association an Oregon nonprofit Fax: □ CONTACT PERSON
D PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: D APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com	renant where Association an Oregon nonprofit Fax: □ CONTACT PERSON
D PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: D APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com	renant where Association an Oregon nonprofit (
D PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: D APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com CON Business name: Summit RWP	renant where Association an Oregon nonprofit (
D PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: □ APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com CON Business name: Summit RWP Address: 7215 SW Bonita Rd	renant where Association an Oregon nonprofit (
D PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: D APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com CON Business name: Summit RWP Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224	☐ TENANT wners Association an Oregon nonprofit @ Fax: ☐ CONTACT PERSON Fax:
D PROPERTY OWNER Name: Mt. Vernon Village Home Ov Address: PO Box 2429 City/State/ZIP: Beaverton, OR 97075 Phone: E-mail: □ APPLICANT Business name: Summit RWP Contact name: Kellie Kraynak Address: 7215 SW Bonita Rd City/State/ZIP: Tigard, OR 97224 Phone: (971) 409-4984 E-mail: Kelliek@summitrecon.com CON Business name: Summit RWP Address: 7215 SW Bonita Rd	Fax: Fax: Fax:

Date:

08/17/20

Payment Type:	V156	
REQUIRED DATA: 1- AND 2-FAM	ILY DWELLING	
Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area;	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL-	USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	98,777.00	
Existing building area:	square feet	
New building area:	square feet	
Number of stories:	2	
Type of construction:	VB	
Occupancy groups:		
Existing:	R-2	
New:	R-2	
NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
BUILDING PERMIT FEES*		
Please refer to fee schedule		
Fees due upon application	\$1,442.63	
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Evelyn M. King

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

OFFIC	E USE ONLY
Date Received: 7-7-2020	Permit No.: B2020-2340
Date Issued: 8-17-20	Ву: 111_
	Payment Type: Old Old

www.BeavertonOregon.gov/bib		n.gov/bib	
ТҮР	E OF WORK	REQUIRED DATA: 1- AND 2-FAMILY	DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the wor	
☑ Addition/alteration/replacement	☐ Other:	Indicate the value (rounded to the nearest dolla materials, labor, overhead, and the profit for the this application.	
CATEGORY	OF CONSTRUCTION	Valuation	\$65,000
✓ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms;	3
☐ Accessory building	☐ Multi-family	Number of bathrooms:	2
☐ Master builder	☐ Other:	Total number of floors:	2
JOB SITE INFOR	MATION AND LOCATION		uare feet
Job site address:15330 SW DAVIS RO	AD		
City/State/ZIP:BEAVERTON OR 9700	7		uare feet
Suite/bldg./apt. no.:LOWER LEVEL	Project name:	Covered porch area: ~120 squ	
Cross street/directions to job site: SW 153 A	VE/SW DAVIS ROAD	Deck area: ~132 squ	Jare feet
		Other structure area: sq	uare feet
		REQUIRED DATA: COMMERCIAL-USE	CONTROL DE
Subdivision:Gold Ridge	Lot no.:38	Permit fees* are based on the value of the wor Indicate the value (rounded to the nearest dolla	
Tax map/parcel no.:1S120AB-02700		materials, labor, overhead, and the profit for the this application.	e work indicated on
	PTION OF WORK	Valuation	
	e family room into two bedrooms, closet	Existing building area: squ	uare feet
kitchen and laundry.	Plumbing and Electric for bedrooms,	New building area: sq	uare feet
Please see supplement to understa	and circumstances.	Number of stories:	
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name:Evelyn King		Occupancy groups:	
Address:15330 SW Davis Road			
City/State/ZIP:Beaverton OR 97007		Existing:	
Phone:503-962-0319	Fax:none	New:	
E-mail:kingem0202@gmail.com		NOTICE	
☑ APPLICANT	☑ CONTACT PERSON	All contractors and subcontractors are required the Oregon Construction Contractors Board un	
Business name:n/a		may be required to be licensed in the jurisdiction being performed. If the applicant is exempt from	
Contact name:Evelyn King		following reasons apply:	
Address:15330 SW Davis Road			
City/State/ZIP:Beaverton OR 97007			
Phone:503-962-0319	Fax:none		
E-mail:kingem0202@gmail.com			
	FRACTOR	BUILDING PERMIT FEES	rter en er
Business name: RedTech 1	1.C.	Please refer to fee schedule	<i>ө</i>
Address:		Fees due upon application	\$486.14
City/State/ZIP:		Amount received	
Phone:	Fax:	Date received:	
CCB No.: 229647	. F		
Authorized signature:		This permit application expires if a permit within 180 days after it has been accept	

Date:

July 2, 2020

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Bre Reynolds

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (603) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

	RECENTE	
	OFFICE	USE ONLY
Date Received:	07/24/2020	Permit No.: B2020-2645
Date Issued:	8/17/2020	BAL
CIT	Y OF BEAVERT	Payment Type:

www.Beave	rtonOregon.gov/blb	BI III DINC DIVI
TY	PE OF WORK	BUILDING THE BANA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☑ Addilion/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated on this application.
CATEGOR	OF CONSTRUCTION	Valuation 2000
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
JOB SITE INFO	RMATION AND LOCATION	New dwelling area: square feet
Job site address:6260 Sw Chestnut la	ine	Garage/carport area: square feet
City/State/ZIP:Beaverton Or 97005		Covered porch area: square feet
Suite/bidg./apt. no.:	Project name:	Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
C. I. II. defen	Lot no.:	Permit fees* are based on the value of the work performed.
Subdivision: Tax map/parcel no.:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
	RIPTION OF WORK	this application.
Remove 2 windows at kitchen, in		single 6/0 Valuation
x 3/0 window		
		New building area: square feet
		Number of stories:
□ PROPERTY OWNER	☐ TENAN	Type of construction:
Name:		Occupancy groups:
Address:		Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
☑ APPLICANT	☑ CONTACT P	may be required to be licensed in the jurisdiction in which work is
Business name: Cornerstone Builders		being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Bre Reynolds		
Address:7721 Sw Cirrus Drive Bld	g 30-c	
City/State/ZIP:Beaverton Or 97008		
Phone:(503) 671-9538	Fax:	
E-mail:info@cornerstonebuilders.	est estap atterpe e rigiser i percelet pesta les proves presidentificats	BUILDING PERMIT FEES*
	INTRACTOR	Please refer to fee schedule
Business name: Cornerstone Builders		
Address:7721 Sw Cirrus Drive Bld 30-C		
City/State/ZIP:Beaverton Or 97008		Amount received
Phone: (503) 671-9538	Fax:	Date received:
CCB lic.:170654		This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Authorized signature:		within 180 days after it has been accepted as complete

Date:

07/23/20

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



signature:

Print name:

Keith Knowles

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

DEMPSIL	
	USE ONLY
Date Receive@7/28/2020	Permit No.: B2020-2685
Date Issued: 夕 つ かつ	(B)X/
CITY OF BEAVERTON	Payment Type:

TYPE O	F WORK	" "	NG DIVISION DATA: 1- AND	2-FAMILY DWELLING
☐ New construction	Demolition	andati.	Permit fees* are based on the value	of the work performed.
☑ Addition/alteration/replacement	Other:		Indicate the value (rounded to the nearest dollar) of all e materials, labor, overhead, and the profit for the work inc	
	CONSTRUCTION	era Visa	this application. Valuation	25,000
☑ 1- and 2-family dwelling	☐ Commercial/industrial	722.63	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family			
☐ Master builder	Other:		Number of bathrooms:	1
	TION AND LOCATION	1600 T	Total number of floors:	<u> 1</u>
Job site address: 15435 SW Middleton C	1	W00510	New dwelling area:	square feet
City/State/ZIP: Beaverton, OR 97007		\dashv	Garage/carport area:	square feet
Suite/bldg./apt. no.:	Project name: Knowles Bathroom	\dashv	Covered porch area:	square feet
Cross street/directions to job site: SW 155th a		\dashv	Deck area:	square feet
	n the cul-de-sac		Other structure area:	square feet
			REQUIRED DATA: COMMER	ICIAL-USE CHECKLIST
Subdivision: Vale Woods	Lot no.:		Permit fees* are based on the value Indicate the value (rounded to the no	
Tax map/parcel no.:			materials, labor, overhead, and the paths application.	profit for the work indicated on
DESCRIPTIO	ON OF WORK		Valuation	
Add a bathroom inside existing squa	are footage of home.		Existing building area:	square feet
		-	New building area:	square feet
I DOODERTY OWNED			Number of stories:	
PROPERTY OWNER	☐ TENANT		Type of construction:	
Name: Keith Knowles			Occupancy groups:	
Address: 15435 SW Middelton Ct		_	Existing:	
City/State/ZIP: Beaverton, OR 97007		_	New:	
Phone: 503-317-6536	Fax:	_	NOTIC	E
E-mail: keith@everlifehome.com			All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
☐ APPLICANT ☐ CONTACT PERSON				
Business name: EverLife Home LLC				
Contact name: Keith Knowles				
Address: 15435 SW Middleton Ct.				
City/State/ZIP: Beaverton, OR 97007				
Phone: 503-317-6536	Fax:			
E-mail: keith@everlifehome.com				
CONTRA	стоя		BUILDING PER	
Business name: EverLife Home LLC		_	Please refer to fe	
Address: 15435 SW Middleton Ct			Fees due upon application	\$248.67
City/State/ZIP: Beaverton, OR 97007			Amount received	
Phone: 503-317-6536	Fax:		Date received:	
CCB IIc.: 213850			This permit application expires	if a permit is not obtained
Authorized Keith Knowles			within 180 days after it has be	

Date: 07-24-2020

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



signature

Print name: Benjamin

Building Permit Application

Community Development Department, Building Division City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

Date Date

OFFIC	E USE ONLY
Received: 8-13-20	Permit No.: BQ010 - 2938
ssued: 8-14-20	By: 1/12
	Payment Type: VISC

www.BeavertonOi	egon.gov/bib L	1			
TYPE OF	WORK		REQUIRED DATA: 1	I- AND 2-FAS	AILY DWELLING
☐ New construction	■ Demolition		ees* are based on the		work performed. dollar) of all equipment,
☐ Addition/alteration/replacement	Other:	material this app	ls, labor, overhead, a	nd the profit f	or the work indicated on
CATEGORY OF	CONSTRUCTION	Valuatio			
1- and 2-family dwelling	Commercial/industrial	Numi	ber, of bedrooms:		
☐ Accessory building	☐ Multi-family	Numi	ber of bathrooms:		
☐ Master builder	☐ Other:	Total	number of floors:		
JOB SITE INFORMAT	ON AND LOCATION		dwelling area:		square feet
Job site address: 4245 \$ SW Rose Bigs	ji Ave.		ge/carport area:		square feet
	05				
Sulte/bldg./apt. no.:	Project name:		red porch area:		square feet
Cross street/directions to job site:			area:		square feet
			r structure area:		square feet
		2000年至10月2日	EQUIRED DATA: CO	E CALL TO LOS TO SERVICES IN	potential and a series of the
Subdivision:	Lot no.:	Indicate	ees* are based on the the value (rounded to	to the nearest	dollar) of all equipment,
Tax map/parcel no.:		material this appl	s, labor, overhead, ai lication.	nd the profit to	or the work indicated on
DESCRIPTION	OF WORK	Valuatio	n 100	\$45K	
Done & Alastomet		Existi	ing building area: Z	500	square feet
		New	building area:		square feet
		Numt	ber of stories:		
PROPERTY OWNER	TENANT	Туре	of construction;		
Name: Beaverton Urban Redevelopme	of Agency	Осси	pancy groups:	,	
Address: 12725 SW Millikan Way		E	Existing:		
City/State/ZIP: Beaverton / OR / 97205]	New:		
Phone: 503, 526, 2520	Fax: 503, 526, 2550			NOTICE	
E-mail:		All conto	eli Serie Palei Vicilia La Serie Carine al Sarvera	16.19 (1.12.119+1.16.14)	uired to be licensed with
■ APPLICANT	CONTACT PERSON	the Orec	on Construction Con	ntractors Boar	d under ORS 701 and diction in which work is
Business name: LOI Environmental ST	Demolition Services	being pe	erformed. If the applic	cant is exemp	t from licensing, the
Contact name: Ben Rotan		TOHOWING	reasons apply:		
Address: 5930 Jean Rd]]			
City/State/ZIP: Lake Oswego /OR/971	035				
Phone: 503.245.6460	Fax: 503, 245, 420)				
E-mail: b. tipton @lsienviro.com		999999999		en e	
CONTRAC	TOR	2000,000	BUILDING	G PERMIT F	EES*
Business name: LOI Environmental & De	molitism Services	<u> </u>	Please rei	eler to fee sch	edule
Address: 5930 Jan Rd.		Fees du	e upon application		\$830.75
City/State/ZIP: Lake Oswego OR /97035		Amount	received		
Phone: 503.245.6460	Fax: 503, 245, 4301	Date rec	elved:		
CCB lic.: OK # 38052		This	permit application s	expires if a p	ermit is not obtained
Authorized		with	in 180 days after it	has been ac	cepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name: Benjamin

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE I	JSE ONLY
Date Received: 8-13-20	Permit No.: B 2020 - 2940
Date Issued: 8-14-20	By: JUL
	Payment Type: 1/156-

www.BeavertonOr	regon.gov/blb	
TYPE OF	WORK	REQUIRED DATA: 1: AND 2-FAMILY DWELLING
□ New construction	■ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☐ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated on this application.
GATEGORY OF	CONSTRUCTION	Valuation Valuation
1- and 2-family dwelling	Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
JOB SITE INFORMAT	ON AND LOCATION	New dwelling area: square feet
Job site address: 12875 SW Beaverdam	St.	Garage/carport area: square feet
City/State/ZIP: Beaverton /OR /97005		Covered porch area: square feet
Sulte/bldg./apt. no.:	Project name:	Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed.
Tax map/parcel no.:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
DESCRIPTION	I OF WORK	this application.
- A. I	de de la companya de	Valuation \$451C
Deno : Abotement		Existing building area: 3000 square feet
		New building area: square feet
		Number of stories:
PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Beaverton Urban Redevelopment	Agency	Occupancy groups:
Address: 12725 SW Millikan Way	<u> </u>	Existing:
City/State/ZIP: Beaverton /OR/97005		New:
Phone: 503.524.2520	Fax: 503, 526, 2550	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
■ APPLICANT	CONTACT PERSON	may be required to be licensed in the jurisdiction in which work is
	molition Services	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Ben 110-ton		
Address: 5930 Jean Rd.		
City/State/ZIP: Lake Oswego/OR/970	<u> </u>	
Phone: 503, 245, 6460	Fax: 503,245.4201	
E-mail: b. tipton(a loienniro.com	YOU THE STATE OF T	BUILDING PERMIT FEES*
CONTRAC	Control of the section of the sectio	Please refer to fee schedule
	molition Services	Fees due upon application 4.830, 75
Address: 5930 Jean Rd.	36	Amount received
City/State/ZIP: Lake Oswego /OR /970		Date received:
Phone: 503, 245, 6460	Fax: 503,245.4201	
CCB lic.: OR * 38052		This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Authorized		······································

Date: 08/12/2020

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Jeff Lee

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Oregon gov

OFFIC	E USE ONLY
Date Received: 08/12/2020	Permit No.: B2020-2896
Date Issued: 8-14-20	By: ML
	Payment Type: MC

	BeavertonOregon.gov	
TYPE	OF WORK	
☐ New construction	☐ Demolition	
☐ Addition/alteration/replacement	Other: Solar PV System	
CATEGORY C	DF CONSTRUCTION	
1- and 2-family dwelling	☐ Commercial/industrial	
☐ Accessory building	☐ Multi-family	
☐ Master builder	☐ Other:	
JOB SITE INFORM	MATION AND LOCATION	
Job site address: 39 SW Wallingford Way, Beave	erton, Oregon, 97006, USA	
City/State/ZIP:		
Suite/bldg./apt. no.:	Project name:	
Cross street/directions to job site:		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
	TION OF WORK	
Residential Rooftop Solar PV Syste	em 3.15 kW	
PROPERTY OWNER	☐ TENANT	
Name: Aixa Lancaster		
Address: 39 SW Wallingford Way, E	Beaverton, Oregon, 97006, USA	
City/State/ZIP:		
Phone:	Fax:	
E-mail: thomas.m.lancaster@gma	ill.com	
☑ APPLICANT	☐ CONTACT PERSON	
Business name: Blue Raven Solar LLC		
Contact name: Grayson Beck		
Address: 1403 North Research Way		
City/State/ZIP: Orem, UT 84097		
Phone: 385-482-0045	Fax:	
E-mail: permitting.department@blueravensolar.com		
CONTRACTOR		
Business name: Blue Raven Solar LLC		
Address: 1403 North Research Way		
City/State/ZIP: Orem, UT 84097		
Phone: 385-482-0045	Fax:	
CCB (ic.: 210112		
Authorized Signature: Seff Lee		

REQUIRED DATA: 1- AND 2	2-FAMILY DWELLING
Permit fees* are based on the value indicate the value (rounded to the nematerials, labor, overhead, and the paths application.	earest dollar) of all equipment,
Valuation \$8,992.46	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMER	CIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the n- materials, labor, overhead, and the this application.	earest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTIC	Æ
All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and ne jurisdiction in which work is
BUILDING PER Please refer to	
Fees due upon application	\$120.00
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

08/11/2020



Print name:

Jeff Lee

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

OFFICE USE ONLY Date Received 08/12/2020
Date Issued: 8-14-26 Permit No. B2020-2898 Payment Type: MC

Beaverton Phone: (503)	3) 526-2493 Fax: (503) 526-2550 neral Information (503) 526-2222 BeavertonOregon.gov	Date Issued:
TYPE	OF WORK	
☐ New construction	☐ Demolition	
Addition/alteration/replacement	Other: Solar PV System	
	OF CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial	54.; <u>5</u>
☐ Accessory building	☐ Multi-family	
Master builder	☐ Other:	
	MATION AND LOCATION	
Job site address: 7265 sw 163rd place,, Beaver		
City/State/ZIP:		
Suite/bldg./apt. no.:	Project name:	
Cross street/directions to job site:		
Ologo an ocularionno to Job and		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
	TION OF WORK	
M PROPERTY OWNER	☐ TENANT	
Name: Phillip Epling		
	averton, Oregon, 97007, USA	
City/State/ZIP:		
Phone: 15038887488	Fax:	
E-mail: pepling9@frontier.com		
☑ APPLICANT	☐ CONTACT PERSO	N
Business name: Blue Raven Solar LLC	2004200 0000000000000000000000000000000	
Contact name: Grayson Beck	and the state of t	
Address: 1403 North Research Way		
City/State/ZIP: Orem, UT 84097		
Phone: 385-482-0045	Fax:	
E-mail: permitting.department@blu	eravensolar.com	
	TRACTOR	
Business name: Blue Raven Solar LL	.C	
Address: 1403 North Research Way		
City/State/ZIP: Orem, UT 84097		
Phone: 385-482-0045	1_	
1 1101101	Fax:	
CCB IIc.; 210112	Fax:	

Date:

08/12/2020

REQUIRED DATA: 1- AND 2-FAM	
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	dollar) of all equipment,
Valuation \$20,485.81	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL	And the second s
Permit fees* are based on the value of the Indicate the value (rounded to the neares materials, labor, overhead, and the profit this application.	t dollar) of all equipment.
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are re the Oregon Construction Contractors Bo may be required to be licensed in the juri being performed. If the applicant is exemple following reasons apply:	ard under ORS 701 and isdiction in which work is
BUILDING: PERMIT Please refer to fee so	chedule
Fees due upon application	\$207.20
Amount received	
Data received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Angle Cook

Building Permit Application

Community Development Department, Building Division Cily of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

OFFIC	E USE ONLY
Date Received: 07/28/2020	Permit No.: B2018-5270
Date Issued: 8-14-20	ву: 111_
	Payment Type: Check

☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
	OF CONSTRUCTION
	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 17321 SW GOLDCI	REST LN
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt, no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
·	
Subdivision: South Cooper Mountain	Hts Lot no.: 87
Tax map/parcel no.:	
DESCR	INTION OF WORK
	☐ TENANT
PROPERTY OWNER Name: Everett Custom Homes	☐ TENANT
Name: Everett Custom Homes	
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite	
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210	e 100
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060	e 100
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc	Fax: Om CONTACT PERSON
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc	Fax: Om CONTACT PERSON
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc Z APPLICANT Business name: Everett Custom Home	Fax: Om CONTACT PERSON nes
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook	Fax: Om CONTACT PERSON nes
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc Z APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite	Fax: Om CONTACT PERSON nes
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210	Fax: CONTACT PERSON De 100 Fax: Fax:
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.cc	Fax: CONTACT PERSON De 100 Fax: Fax:
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.cc	Fax: CONTACT PERSON Description Fax: CONTACT PERSON Description Fax: COM District Contact Person District Contac
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co Z APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.co	Fax: CONTACT PERSON DES PAX: DIM Fax: DIM PAX: PAX: DIM PAX: PAX: DIM PAX: PAX: DIM PAX:
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.cc Business name: Everett Custom Hom	Fax: CONTACT PERSON DES DES DES DES DES DES DES DE
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co Z APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.co Business name: Everett Custom Hom Address: 3330 NW Yeon Ave, Suite	Fax: CONTACT PERSON DES PAX: DIM Fax: DIM PAX: PAX: DIM PAX: PAX: DIM PAX: PAX: DIM PAX:
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.cc Business name: Everett Custom Hom Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 City/State/ZIP: Portland, OR 97210	Fax: CONTACT PERSON DES P 100 Fax: CONTACT PERSON DES P 100 Fax: DM DNTRACTOR DES P 100

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation 257,815.00
Number. of bedrooms: 3
Number of bathrooms: 2.5
Total number of floors: 3
New dwelling area: 1880.3 square feet
Garage/carport area: 453.14 square feet
Covered porch area: 123.81 square feet
Deck area: 23.57 square feet
Other structure area: square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:
NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:
BUILDING PERMIT FEES*
Please refer to fee schedule
Fees due upon application
Amount received

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Angie Cook

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFIC	E USE ONLY
Date Received: 07/28/2020	Permit No.: B2018-5400
Date Issued: 8-14-20	By: 11L
30	Payment Type: Chulk

www.BeavertonOr	egon.gov/bib		· · · · · · · · · · · · · · · · · · ·
TYPE OF	WORK	REQUIRED DATA: 1- A	ND 2-FAMILY DWELLING
✓ New construction	☐ Demolition	Permit fees* are based on the va- Indicate the value (rounded to the	alue of the work performed. se nearest dollar) of all equipment,
☐ Addition/alteration/replacement	Other:		the profit for the work indicated on
CATEGORY OF C	ONSTRUCTION	Valuation	202,559.54
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	3
☐ Accessory building	☐ Multi-family	Number of bathrooms:	2.5
☐ Master builder	Other:	Total number of floors:	3
JOB SITE INFORMATI	ON AND LOCATION	New dwelling area:	1795 square feet
Job site address: 17319 SW GOLDCREST	LN	Garage/carport area:	608 square feet
City/State/ZIP: Beaverton Oregon		Covered porch area:	36 square feet
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts	Deck area:	108 square feet
Cross street/directions to job site:		Other structure area:	square feet
Subdivision: South Cooper Mountain Hts	Lot no.: 86	Permit fees* are based on the vi	MERCIAL-USE CHECKLIST
Tax map/parcel no.:	201101100	Indicate the value (rounded to the	ne nearest dollar) of all equipment, the profit for the work indicated on
DESCRIPTION	OF WORK	this application.	ato promitor the work indicated of
		Valuation	
New SFR		Existing building area:	square feet
		New building area:	square feet
		Number of stories:	
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: Everett Custom Homes		Occupancy groups:	
Address: 3330 NW Yeon Ave, Suite 100		Existing:	
City/State/ZIP: Portland, OR 97210		New:	
Phone: (503) 726-7060	Fax:	NC.	DTICE
E-mail: angie@everetthomesnw.com		All contractors and subcontractor	ors are required to be licensed with
✓ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contra	nctors Board under ORS 701 and in the jurisdiction in which work is
Business name: Everett Custom Homes		being performed. If the applican following reasons apply:	t is exempt from licensing, the
Contact name: Angle Cook		Tollowing reasons apply,	
Address: 3330 NW Yeon Ave, Suite 100			
City/State/ZIP: Portland, OR 97210			
Phone: (503) 726-7042	Fax:		
E-mail: angie@everetthomesnw.com			
CONTRAC	TOR	BUILDING I	PERMIT FEES*
Business name: Everett Custom Homes		Please refer	to fee schedule
Address: 3330 NW Yeon Ave, Suite 100		Fees due upon application	
City/State/ZIP: Portland, OR 97210		Amount received	
Phone: (503) 726-7060	Fax:	Date received:	
CCB lic.: 189447		This permit application exp	oires if a permit is not obtained
Authorized signature: Angui Cork			s been accepted as complete

Date:

07/13/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Angie Cook

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFIC	CE USE ONLY
Date Received: 07/28/2020	Permit No.: B2018-5401
Date Issued: 8-14-20	By: JUL
	Payment Type: Chuk

TY	PE OF WORK
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
CATEGORY	Y OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 17315 SW GOLDCI	REST LN
city/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain	Hts Lot no.: 85
Subdivision: South Cooper Mountain Tax map/parcel no.:	1110 2000.00
	RIPTION OF WORK
New SFR	
New SFR ☑ PROPERTY OWNER	☐ TENANT
	□ TENANT
☑ PROPERTY OWNER Name: Everett Custom Homes	□ TENANT
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite	□ TENANT
☑ PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210	D:TENANT 100 Fax:
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060	D:TENANT 100 Fax:
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co	Fax: CONTACT PERSON
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angle@everetthomesnw.co	Fax: CONTACT PERSON
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc ☑ APPLICANT Business name: Everett Custom Home	Fax: CONTACT PERSON DIES
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angle@everetthomesnw.co APPLICANT Business name: Everett Custom Hom Contact name: Angle Cook	Fax: CONTACT PERSON DIES
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angle@everetthomesnw.co Z APPLICANT Business name: Everett Custom Hom Contact name: Angle Cook Address: 3330 NW Yeon Ave, Suite	Fax: CONTACT PERSON DIES
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co	Fax: CONTACT PERSON Description Fax: Fax: Contact Person Description Fax:
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co	Fax: CONTACT PERSON Description Fax: Fax: Contact Person Description Fax:
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co	Fax: Om CONTACT PERSON Description Fax: Contact Person Description Fax: Contact Person Description Contact Person Description Contact Person Conta
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angle@everetthomesnw.co ☑ APPLICANT Business name: Everett Custom Hom Contact name: Angle Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angle@everetthomesnw.co	Fax: Om CONTACT PERSON SOM CONTACT PERSON
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co	Fax: Om CONTACT PERSON SOM CONTACT PERSON
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angle@everetthomesnw.co ☑ APPLICANT Business name: Everett Custom Hom Contact name: Angle Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angle@everetthomesnw.co co Business name: Everett Custom Hom Address: 3330 NW Yeon Ave, Suite	Fax: Om CONTACT PERSON Des 100 Fax: Om INTRACTOR Des

Date:

07/13/20

Taymon Type. Cruco
REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation 202,559.54
Number, of bedrooms:
Number of bathrooms: 2.5
Total number of floors: 3
New dwelling area: 1542.3 square feet
Garage/carport area: 368.94 square feet
Covered porch area: 105.44 square feet
Deck area: square feet
Other structure area: square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:
NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:
BUILDING PERMIT FEES*
Please refer to fee schedule
Fees due upon application
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Angie Cook

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

OFFIC	E USE ONLY
Date Received: 07/28/2020	Permit No.: B2018-5405
Date Issued: 8-14-20	By:
	Payment Type: Check

www.BeavertonOi	regon.gov/bib		
TYPE OF	WORK		AND 2-FAMILY DWELLING
☑ New construction	☐ Demolition	Permit fees* are based on the Indicate the value (rounded to	the nearest dollar) of all equipment,
☐ Addition/alteration/replacement	Other:	materials, labor, overhead, and this application.	the profit for the work indicated on
CATEGORY OF	CONSTRUCTION	Valuation	257,815.00
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	3
☐ Accessory building	☐ Multi-family	Number of bathrooms:	2.5
☐ Master builder	☐ Other:	Total number of floors:	3
JOB SITE INFORMAT	ION AND LOCATION	New dwelling area:	1880.3 square feet
Job site address: 17311 SW GOLDCRES	TLN	Garage/carport area:	453.14 square feet
city/State/ZIP: Beaverton Oregon		Covered porch area:	123.81 square feet
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts	Deck area:	23.57 square feet
Cross street/directions to job site:			square feet
		Other structure area:	
Subdivision: South Cooper Mountain Hts	Lot no.: 84	Permit fees* are based on the	MERCIAL-USE CHECKLIST value of the work performed.
Tax map/parcel no.:		Indicate the value (rounded to	the nearest dollar) of all equipment, if the profit for the work indicated on
DESCRIPTION	N OF WORK	this application.	
		Valuation	
New SFR		Existing building area:	square feet
		New building area:	square feet
		Number of stories:	
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: Everett Custom Homes		Occupancy groups:	
Address: 3330 NW Yeon Ave, Suite 100		Existing:	
City/State/ZIP: Portland, OR 97210		New:	
Phone: (503) 726-7060	Fax:	1	IOTICE
E-mail: angie@everetthomesnw.com		All contractors and subcontract	stors are required to be licensed with
☑ APPLICANT	CONTACT PERSON	the Oregon Construction Cont	ractors Board under ORS 701 and din the jurisdiction in which work is
Business name: Everett Custom Homes		being performed. If the applica following reasons apply:	int is exempt from licensing, the
Contact name: Angie Cook		tollotting to zoon appry.	AND
Address: 3330 NW Yeon Ave, Suite 100)		
City/State/ZIP: Portland, OR 97210			
Phone: (503) 726-7042	Fax:		
E-mail: angie@everetthomesnw.com			
CONTRA	CTOR		PERMIT FEES*
Business name: Everett Custom Homes		Please refe	er to fee schedule
Address: 3330 NW Yeon Ave, Suite 100)	Fees due upon application	
City/State/ZIP: Portland, OR 97210		Amount received	
Phone: (503) 726-7060	Fax:	Date received:	A MANAGEMENT CONTROL OF THE CONTROL
CCB lic.: 189447		This permit application ex	xpires if a permit is not obtained
Authorized signature: Ungui Cork			nas been accepted as complete

Date:

07/13/20

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Beaverton, OR 97076
Beaverton, OR 97076

OCCULACION	\$ \cdot \cdo
OFFICE	JSE ONLY
Date Received: 06/18/2020	Permit No.: B2020-2106
Date Issued: 8-13-20	By: ML
CITY OF REAVERTON	Payment Type: \\[\langle \sum_

	none: (503) 526-2403; Fax: (503) 526-2550 ww.BeavertonOregon.gov/bib	CITY OF BEAVERTON Payment Type: VISA	
		BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING	84,035/Fs
	TYPE OF WORK	Permit fees' are based on the value of the work performed.	
☐ New construction	☐ Demolition	Indicate the value (rounded to the nearest dollar) of all equip materials, labor, overhead, and the profit for the work indicate	
☑ Addition/alteration/replacement	☐ Other:	this application.	
C	ATEGORY OF CONSTRUCTION	Valuation 1	5000
2 1- and 2-family dwolling	☐ Commercial/Industrial	Number, of bedrooms:	
Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	Olher:	Total number of floors:	
JOB S	ITE INFORMATION AND LOCATION	New dwelling area: square feet	
Job site address: 11820 SW Ri	dgeview Terr	Garage/carport area: square feet	
city/state/ZIP:Beaverton, OR	97008	Covered porch area: square feet	
Suite/bldg./apt. no.:	Project name: Locke		
Cross street/directions to job site:			
		Other structure area: square feet	<u> </u>
		REQUIRED DATA: COMMERCIAL-USE CHECKLIS	
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equip	ment,
Tax map/parcel no.:	Harriston, Andrew College (see English College College College College College College College College College	materials, labor, overhead, and the profit for the work indicate this application.	.ea on
	DESCRIPTION OF WORK	Valuation	
Replace existing deck w/	smaller deck	Existing building area: square feet	
No. 1 Grant Control of Architecture		New building area: square feet	
		Number of stories:	
	ERTENANT	Type of construction:	
Name:Matt & Heldi Locke	:	Occupancy groups:	
Address:111820 SW Ridge	view Terr	Existing:	<u></u>
Cily/State/ZIP:Beaverton, OR	97008	New:	
Phone:(503) 975-9640	Fax:	NOTICE	
E-mail:matt.locke70@gmai	l.com	All contractors and subcontractors are required to be license	ed with
☑ APPLICANT	☐ CONTACT PER	the Oregon Construction Contractors Board under ORS 701 may be required to be licensed in the jurisdiction in which w	i and
Business name: Three Rivers	Custom Decks	being performed. If the applicant is exempt from licensing, to	he
Contact name: Jim Gates		following reasons apply:	
Address:23885 S Mountain	Terr		
city/state/ZIP:Beavercreek, (OR 97004		
Phone:(503) 519-6550	Fax:		
E-mail:jgates@decksby3rlv	/ers.com		
	CONTRACTOR	BUILDING PERMIT FEES*	
Business name: Three Rivers	Custom Decks	Please refer to fee schedule	
Address: 23885 S Mountain		Fees due upon application \$232.43	
city/state/ZIP:Beavercreek, (Amount received	
Phone: (503) 519-6550	Fax:	Date received:	
CCB lio.:187501		This permit application expires if a permit is not obtain	Ined
Authorized		within 180 days after it has been accepted as comp	oto
signature:		For mothodology set by Tri-County Building	

Date: (0/18/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



signature:

Print name:

Gordon Dickey

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib Date Received: 07/15/2020
Date Issued: 8-12-20

Permit No.: B2020-2471

By: 104

OFFICE USE ONLY

Payment Type: VISA

T	YPE OF WORK
New construction	Demolition
X Addition/alteration/replacement	☐ Other:
CATEGO	RY OF CONSTRUCTION
1- and 2-family dwelling	Commercial/Industrial
☐ Accessory building	☐ Multi-family
Master builder	Other:
	ORMATION AND LOCATION
Job site address: 10875 Sw F	FALCON CT
City/State/ZIP: Beaverton C	Or 97007
Suite/bldg./apt. no.: 10875	Project name: Venture Deck
Cross street/directions to job site:	
C 155th Azza	Sw Falcon Ct
Sw 155th Ave Subdivision: Murray Hill	Lot no.: 10875
40120DD	
[PROPERTY OWNER	TENANT
□ PROPERTY OWNER	
Name:	
Name: Address:	
Name: Address: City/State/ZIP:	
Name: Address: City/State/ZIP: Phone:	☐ TENANT
Name: Address: City/State/ZiP: Phone: E-mail:	☐ TENANT
Name: Address: City/State/ZiP: Phone: E-mail: X APPLICANT	Fax:
Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: Venture Constru	Fax:
Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: Venture Constru Contact name: Gordon Dickey	Fax:
Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: Venture Constru	Fax: CONTACT PERSON ction and Remodeling LLC
Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: Venture Constru contact name: Gordon Dickey Address: 22504 Sw Riggs Rd	Fax: CONTACT PERSON ction and Remodeling LLC
Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: Venture Constru Contact name: Gordon Dickey Address: 22504 Sw Riggs Rd City/State/ZIP: Beaverton Or 9 Phone: 503-516-1439	Fax: CONTACT PERSON ction and Remodeling LLC 7078 Fax:
Name: Address: City/State/ZiP: Phone: E-mail:	Fax: CONTACT PERSON ction and Remodeling LLC 7078 Fax:
Name: Address: City/State/ZIP: Phone: E-mail:	Fax: Contact Person Ction and Remodeling LLC 7078 Fax: tmail.com CONTRACTOR
Name: Address: City/State/ZiP: Phone: E-mail: Mapplicant Business name: Venture Constru Contact name: Gordon Dickey Address: 22504 Sw Riggs Rd City/State/ZiP: Beaverton Or 9 Phone: 503-516-1439 E-mail: Gordondickey@ho Business name: Venture Construct	Fax: Contact Person Ction and Remodeling LLC 7078 Fax: tmail.com CONTRACTOR
Name: Address: City/State/ZIP: Phone: E-mail:	Fax: CONTACT PERSON Ction and Remodeling LLC 7078 Fax: tmail.com CONTRACTOR ction and Remodeling LLC
Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: Venture Constru Contact name: Gordon Dickey Address: 22504 Sw Riggs Rd City/State/ZIP: Beaverton Or 9 Phone: 503-516-1439 E-mail: Gordondickey@ho Business name: Venture Construct Address: 22504 Sw Riggs Rd	Fax: CONTACT PERSON Ction and Remodeling LLC 7078 Fax: tmail.com CONTRACTOR ction and Remodeling LLC

REQUIRED DATA: 1- AND	
Permit fees* are based on the value Indicate the value (rounded to the numerials, labor, overhead, and the this application.	earest dollar) of all equipment.
Valuation \$25,000	
Number, of bedrooms: 4	
Number of bathrooms: 4	
Total number of floors: 2	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area: 290	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	
Permit fees* are based on the value Indicate the value (rounded to the r materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTI	CE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in the being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE	TANT FEED
BUILDING PE	
	\$349.54
Fees due upon application	Ψυπσ.υπ
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

7/13/2020

Date:



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 508, 2609, Fey: (503) 508, 2550

OFFICE	USE ONLY
Date Received 07/16/2020	Permit No.: B2020-2488
Date Issued: 8/12/20	Payment Type: Visa

Deaver (01) Beaver (01) Beave	Payment Type: V LOC
www.BeavertonOregon.gov/bib	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
TYPE OF WORK	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, indicated on
New construction	materials, labor, overnead, and the profit for the work
Addition/alteration/replacement	this application.
CATEGORY OF CONSTRUCTION	
1- and 2-family dwelling	Number, of bedrooms:
Accessory building	Number of bathrooms:
Master builder	Total number of floors:
JOB SITE INFORMATION AND LOCATION	New dwelling area: square feet
ob site address: 230 S.W. Valeria View Dr.	Garage/carport area: square feet
DILY/State/ZIP: Beaverton, Or. 97225	Covered porch area: square feet
Suite/bidg/apt. no.: Project name: Shap cott	Deck area: square feet 80
A. Life aller	Other structure area: Starvs square feet 60
Cross street/directions to job site. Celeste Ln	REQUIRED DATA: COMMERCIAL-USE CHECKLIST
	the value of the work performed.
Subdivision: Lot no.:	Permit fees" are based on the value of the lindicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or
Tax map/parcel no.: 15 10 3 A A O 7 O O O	this application.
DESCRIPTION OF WORK	Valuation square feet
Replace Existing Step of Landry	Existing building area.
Replace Existing Step of Landing Add 4' to formt peck	New building area: square feet
100 1 10 14 10	Number of stories:
₩ PROPERTY OWNER ☐ TENANT	Type of construction:
	Occupancy groups:
Name: Keum Shapcott	Existing:
Address: 230 SW. Valeria Veiw Dr. City/State/ZIP: Bessenting Dr. 97225	New:
Dent to	NOTICE
Phone (248) 818 -0793	All contractors and subcontractors are required to be licensed w
E-mail: VZ CONTACT PERSON	the Oregon Construction Contractors board afford in which work
ON APPLICANT	heing performed. If the applicant is exempt not in the
Business name: Ricks Custom Fencing	following reasons apply:
Contact name: Steve Rutledge	
Address: 4543 SE TiVi Hwy.	
City/State/ZIP: Hillsboro, Or. 97123	
Phone: 503-992-6879 Fax:	
E-mail: Steve, Rutledge @ Ricks fencing, com	BUILDING PERMIT FEES*
CONTRACTOR	Please refer to fee echedule
Business name: RTCKS	Fees due upon application \$124.43
Address:	Amount received
	Date received:
City/State/ZIP:	Date received.
City/State/ZIP: Phone: Fax:	the state of the permit is not obtain
Fax:	This permit application expires if a permit is not obtain within 180 days after it has been accepted as comple

Date: 7-15-2020

Fee methodology set by Tri-County Building Industry Service Board



Elenita Ronquillo

Building Permit Application

Community Development Department, Bullding Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

OFFICE	E USE ONLY
Date Receive @8/07/2020	Permit No.: B2020-2842
Date Issued: 8-11-20	Ву: #

O R E G O N	Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib	CITY OF BEAVERTON Payment Type: VISA
	TYPE OF WORK	BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☑ Addition/alteration/replaceme	ent Other:	materials, labor, overhead, and the profit for the work indicated on this application.
	CATEGORY OF CONSTRUCTION	Valuation \$ 5,600.92
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
Jo	DB SITE INFORMATION AND LOCATION	New dwelling area: square feet
Job site address: 16485 SV	V Emerald View St	Garage/carport area: square feet
City/State/ZIP: Beaverton	OR 97007	Covered porch area: square feet
Suite/bldg./apt. no.:	Project name: Chang 36583	
Cross street/directions to job sit	te:	
		Other structure area: square feet
	Lot no.:	REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
Subdivision:	The state of the s	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Tax map/parcel no.: R21420	DESCRIPTION OF WORK	this application.
		Valuation
Voluntary Underpinnin	g Using 2 Helical Piers	Existing building area: square feet
		New building area: square feet
		Number of stories:
PROPERTY (DWNER TENANT	Type of construction:
Name: Jessica & Martin	Chang	Occupancy groups:
Address: 16485 SW Eme	erald View St	Existing:
City/State/ZIP: Beaverton	OR 97007	New:
Phone: (971) 300-6969	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
☑ APPLICA	NT CONTACT PERS	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: TerraFirm	a Foundation Systems	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Elenita Ror	nquillo	
Address: 13110 SW Wal	l St	
City/State/ZIP: Tigard OF	R 97223	
Phone: (503) 718-4533	Fax:	
E-mail: eronquillo@terra	afirmafs.com	BUILDING PERMIT FEES*
	CONTRACTOR	Please refer to fee schedule
Business name: TerraFirm	a Foundation Systems	
Address: 13110 SW Wal	ll St	Fees due upon application \$109,82
City/State/ZIP: Tigard O	R 97223	Amount received
Phone: (971) 205-5235	Fax:	Date received:
CCB lic.: 173547 12/2	1/20	This permit application expires if a permit is not obtained
Authorized signature:	b	within 180 days after it has been accepted as complete

Date:

08/07/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Authorized signature)

Print name.

Building Permit Application
Community Development Department, Building Division
City of Beaverton
12725 SW Milliam Way / PO Box 4755
Beaverton, OR 97076
Phone (503) 526-2403, Fex. (503) 526-2550
www.BeavertonOregon.gov/bib

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OFFICE USE ONLY

100		coment Carculused, Building Divisio		OFFICE	USE ONLY		
W	Community Development Department, Building Division City of Beaverton 12725 SW Milikan Way / PO Box 4755		Date Received	07/29/2020_	Permit No B20	20-2705	
H DEAVELON Beavorton		076	Date Issued:	8-11-20	By MIL		
408 5 6 8 8	Phone: (503) 526- www.Beavertoni	2403; Fex: (503) 526-2550 Dregon.gov/bib	LCITY	OF BEAVERTO	Payment Type: V	1150	
	TYPE C	F WORK	BUI	-DING REWIERON	' × (A: 1- AND 2-FAMII	Y DWELLING	
New construction		☐ Demokton		Permit lees' are based	on the value of the W	wik performed.	
Addiovalteration/replacent	nent	Other	proposacionista de la companya del companya del companya de la com	Indicate the value (round materials, labor, overtie	aed to the nearest dr ad, and the profit for	onar) or an oquipment, the work indicated on	
	The second section is a second section of the second section of the second section is a second section of the section of	CONSTRUCTION		this application. Valuation		\$25,000	
☑ 1- and 2-lamily dwelling		☐ Commercial/industrial		Number, of bedroom		Ψεφ,σο,	
Accessory building	Marian de La Caldidió de la Caldidi	☐ Multi-family	and a second a second and a second a second and a second				
Master builder		☐ Other:	and the state of t	Number of bathroom		Z.;	
	OB SITE INFORMA	ITION AND LOCATION		Total number of floor			
Job site address: 16710 NV	V Pebble Beac	h Wav		Now dwelling area:		square feet	
City/State/ZIP:Beaverton,	***************************************			Garage/carport area:		square feet	
Suite/bldg./apt. no.:		Project name:		Covered porch area:		square feet	
Cross street/duections to jeb s	He:		# 1 2	Deck area:		square feet	
				Other structure area	Other structure area: square feet		
	THE RESIDENCE OF THE PROPERTY		Alle united to the state of the second	REQUIRED DATA	A: COMMERCIAL-L	ISE CHECKLIST	
Subdivision:		Lot no.;	***************************************	Permit fees' are based on the value of the work performed, Indicate the value (rounded to the nearest dellar) of all equipment,			
Tax map/parcel no.:		TAYON IN THE THE PARTY OF THE P		materials, labor, overheathis application.			
		ON OF WORK		Valuation			
The Scope is: Kilchen window, widen doorwi		nove 2 windows and fill in,	add 1	Existing building are	a:	square feet	
Milidom, Midéli doorw	ri y ,			New building area:		square feet	
		•		Number of stones:	The second secon		
2 PROPERTY	OWNER	☐ TENANT		Type of construction	·		
Name: Jeff & Vicky Gint	er	•	, , , , , , , , , , , , , , , , , , ,	Occupancy groups			
Address: 16710 NW Pet		٧	***************************************	Existing:	manufact to the state of the st		
city/State/ZIP:Beaverton,		A CONTRACTOR OF THE PROPERTY O			Market Commence of the Commenc		
Phone:(503) 625-4838		Fax.	HARRING TO A STATE OF THE PARTY	New:		syllovokski rescietu (Cre	
E-mail:judy@northIndb	uild.com	The state of the s	X (4.65		NOTICE		
		O CONTACT PER	SON	All contractors and subcontractors are required to be licensed to the Oregon Construction Contractors Board under ORS 701 and			
Business name Northland	Constructin &	Design, Inc.	***************************************	may be required to be being performed. If the			
Contact name: Judy Paul				following reasons appl	9.		
Address: 20000 SW Car	poen Road	20 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1		Base Amongo Amon			
City/State/ZIP: Sherwood,							
Phone (503) 625-4838	***************************************	Fax		E-LANGE OF THE STATE OF THE STA			
E-mait judy@northland	bulld.com	The state of the s	WINTERNAL				
	CONTR	ACTOR		8 U	ILDING PERMIT F	EE8'	
Business name Northland			······································	Pic	rása rafor to fao sch	odul o	
Address 20000 SW Ca		- ; · · · - ;	and the state of t	Fous due upon applic	ation	\$248.67	
City/State/ZIP Sherwood,		A CONTRACTOR OF THE PROPERTY O	·	Amount received	to a variation of the state of	Ψ	
Phone: (503) 625-4838	-110/170	T Fax:	4. <u>4</u>	Date received:	luis is in its age, its angue and a second	1	
CCB #c. 104810		Annual Control of the		Land Street of Street of Street	TOTAL PROPERTY OF THE PARTY OF	Fining Sylving Control of the Contro	
				I		44.4	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Förm B70-1001



Richard J Clooten

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

OFFICE USE ONLY					
Date Received:	Permit No 3020-2863				
Date Issued: 8111 X/70	BY				
	Payment Type:				

####,DCU!	stroiloilegoil:govibilb	
(T	PE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment
☐ Addition/alteration/replacement	☑ Other:	materials, labor, overhead, and the profit for the work indicated or this application.
CATEGOR	Y OF CONSTRUCTION	Valuation \$500.0
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
JOB SITE INFO	DRMATION AND LOCATION	New dwelling area: square feet
Job site address:15753 SW Wren La	ne	Garage/carport area: square feet
City/State/ZIP:Beaverton 97007		
Suite/bldg./apt. no.:	Project name:SW Wren	
Cross street/directions to job site: Turnstor	e Ave	Deck area: square feet
		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision: Turnstone	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment
Tax map/parcel no.:R2204305		materials, labor, overhead, and the profit for the work indicated or this application.
	RIPTION OF WORK	Valuation
Adding gas line for BBQ in back	yard.	Existing building area: square feet
		New building area: square feet
		Number of stories:
□ PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Nathan Siemer and Shelly	Ralston	Occupancy groups:
Address:15753 SW Wren Lane		Existing:
City/State/ZIP:Beaverton 97007		New:
Phone: 503-709-6531	Fax:	NOTICE
E-mail:		
☐ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be licensed will the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: RJ Clooten Homes		being performed. If the applicant is exempt from licensing, the
Contact name: Rich Clooten		following reasons apply:
Address:PO Box 7464		
City/State/ZIP: Beaverton, OR 97007		
Phone: 503-476-5605	Fax:	
E-mail:		
CC	INTRACTOR	BUILDING PERMIT FEES*
Business name: RJ Clooten Homes		Please refer to fee schedule
Address:PO Box 7464		Fees due upon application
City/State/ZIP:Beaverton, OR 97007		Amount received
Phone: 503-476-5605	Fax:	Date received:
CCB IIc.:22565		This permit application expires if a permit is not obtained
Authorized signature:		within 180 days after it has been accepted as complete

Date:

08/18/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

\$500.00

Print name:

Sandro Guerrero

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVED	
AFFICE	ICE AND V
OFFICE L	JOE ONL!
Date Received: 06/22/2020	Permit No.: R2020_2141
Date Received. OU/ZZ/ZUZU	DZ0Z0-Z141
Date Issued: 8-1/1-50	Bv: 1/1/

W Beaverton	Phone: (503) (526-2493 Fax: (503) 526-2550	Date Issued:	රි	5-10-20	By: JUL		
O R E G O N	Gener	ral Information (503) 526-2222 BeavertonOregon.gov	CIT	Y	OF BEAVERTO	Payment Type:	chev	
	TYPE O	F WORK	B	ᄩ	DING DIVISION	TA: 1- AND 2-FAM	ILY DWELLING	G
	1175 0	Demolition		ŀ	Permit tees, are hased in	ON THE VALUE OF THE	WORK DEHIDERING	J.
New construction		☐ Other:		-	Indicate the value (roun- materials, labor, overhe	ad, and the profit fo	r the work indic	cated on
Addition/alteration/replacement		CONSTRUCTION		۳	this application.	Φ.Ο.	07 047 0	· n
	AIEGURT OF	Commercial/industrial		ŀ	Valuation		<u>37,817.2</u>	
1- and 2-family dwelling				-	Number, of bedroom			3
Accessory building		Multi-family			Number of bathroom	18:		2-1/2
☐ Master bullder		Other:			Total number of floor	/s:		2
		TION AND LOCATION			New dwelling area:		square feet	2518
Job site address: 17437 SW [Otterel Lan	8			Garage/carport area		square feet	417
City/State/ZIP: BEAVERTON	, OR			ı	Covered porch area:		square feet	193
Suite/bidg./apt. no.:		Project name: SOUTH COOP	ER MT,	ŀ	Deck area:		square feet	
Cross street/directions to job site:			[-	Other structure area	it	square feet	
				-		A: COMMERCIAL	USE CHECKL	IST
Subdivision: SOUHT COOP	ER MT	Lot no.: 190		}	Permit fees* are based	on the value of the	work performe	d,
	FIZ IALI	100			Indicate the value (rour materials, labor, overhe	nded to the nearest	dollar) of all eq	uipment,
Tax map/parcel no.:	necopipal	ON OF WORK			this application.			
	DESORIE TIC	, , , , , , , , , , , , , , , , , , ,			Valuation			
NEW HOME					Existing building are	ia:	square feet	
					New building area:		square feet	
					Number of stories:			2
Z PROPERTY OW	NER	☐ TENANT			Type of construction	1:	SINGLE	FAMILY
Name: SK HOFF CONSTI	RUCTIO				Occupancy groups:			
Address: 735 SW 158TH A	VE				Existing:			
City/State/ZIP: BEAVERTON	,OR, 97006	3			New:			
Phone: (503) 319-6963		Fax: (503) 641-7661				NOTICE		
E-mail: sguerrero@arborh	omes.com				All contractors and sub	bcontractors are rec	uired to be lice	ensed with
☐ APPLICANT		☐ CONTACT PERSO	ON		the Oregon Constructi may be required to be	ion Contractors Boa	rd under ORS	701 and
Business name: SK HOFF C	ONSTRUCT	TON			being performed. If the	e applicant is exemp	ot from licensin	g, the
Contact name: SANDRO GL	IERRERO				following reasons app	iy.		
Address: 735 SW 158TH A	VE							
City/State/ZIP: BEAVERTON	N, OR 9700	6						
Phone: (503) 319-6963		Fax: (503) 641-7661						
E-mail:		<u> </u>					·····	
	CONTR	ACTOR			80	JILDING PERMIT	FEES*	<u>: :</u>
Business name: SK HOFF C	ONSTRUCT	FION			Ple	ease refer to fee so		
Address: 735 SW 158TH /				٦	Fees due upon applic	allon	139	5.93
City/State/ZIP: BEAVERTO		6		1	Amount received	W.,		
Phone: (503) 641-7342		Fax: (503) 641-7661		1	Date received:			
CCB lic.: 121987		1 (100)	- <u> </u>	1				. head
Authorized signature:				!	This permit applic within 180 days	cation expires if a after it has been a	ccepted as co	emplete

Date:

06/22/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Authorized signature:

Print name:

Sandro Guerrero

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Oregon.cov

OFFICE USE ONLY

Date Received 04/06/2020

Permit No.: B2020-1258

Date Issued: 8-10-20

ву: Ж

Payment Type: CNUL

	BeavertonOregon.gov I	SHILDING BEAVERTON'	
TYPE	OF WORK	BUILDING RINGEDINATA: 1- AN	D 2-FAMILY DWELLING
☑ New construction	Demolition	Permit fees* are based on the val Indicate the value (rounded to the	nearest dollar) of all equipment,
☐ Addition/alteration/replacement	Other:	meterials, labor, overhead, and the this application.	e profit for the work indicated on
CATEGORY	OF CONSTRUCTION	Valuation \$33	32,341.69
☑ 1- and 2-family dwelling	☐ Commercial/Industrial	Number, of bedrooms:	. 3
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	Other:	Total number of floors:	
JOB SITE INFOR	MATION AND LOCATION	New dwelling area:	square feet 251
Job site address: 17421 SW Dotterel La	ine	Garage/carport area:	square feet 417
City/State/ZIP: BEAVERTON, OR		Covered porch area:	square feet 12
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT	k	square feet
Cross street/directions to job site:		Deck area:	
		Other structure area:	square feet
	188	REQUIRED DATA: COMM Permit fees* are based on the va	IERCIAL-USE CHECKLIST
Subdivision: SOUHT COOPER MT	Lot no.: 189	Indicate the value (rounded to the	e nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and this application.	na profit for the work indicated of
DESCRIP	TION OF WORK	Valuation	
NEW HOME		Existing building area:	square feet
		New building area:	square feet
		Number of stories:	
Z PROPERTY OWNER	☐ TENANT	Type of construction:	SINGLE FAMIL
Name: SK HOFF CONSTRUCTIO		Occupancy groups:	
Address: 735 SW 158TH AVE		Existing:	
City/State/ZIP: BEAVERTON ,OR, 970	006	New:	
Phone: (503) 319-6963	Fax: (503) 641-7661		TICE
E-mail: sguerrero@arborhomes.com	1		rs are required to be licensed with
APPLICANT	☑ CONTACT PERSON	the Oregon Construction Contra	ctors Board under ORS 701 and in the jurisdiction in which work is
Business name: SK HOFF CONSTRUC	CTION	being performed. If the applicant	t is exempt from licensing, the
Contact name: SANDRO GUERRERC)	following reasons apply:	
Address: 735 SW 158TH AVE			
City/State/ZIP: BEAVERTON, OR 970	006		
Phone: (503) 319-6963	Fax: (503) 641-7661		
E-mail:			
CON	TRACTOR	BUILDING F	PERMIT FEES*
Business name: SK HOFF CONSTRU	CTION	Please refer	to fee schedule
Address: 735 SW 158TH AVE		Fees due upon application	\$1,380.60
City/State/ZIP: BEAVERTON, OR 970	006	Amount received	
Phone: (503) 641-7342	Fax: (503) 641-7661	Date received:	
CCB IIc.: 121987		This possiliantian aud	pires if a permit is not obtained

Date:

03/31/20

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 V/TDD

	CANAL PRO TRANSPORTATION OF A STANDARD CONTRACTOR
OFFICE	USE ONLY
Date Received: 07/14/2020	Permit No B2020-2452
Date Issued: 9/10/2020	(B%)
	Payment Type:

A S K C O W STATE	Beaverton	Oregon.gov L	
	TYPE OF WORK		REQUIRED DATA: 1- AN
☐ New construction	☐ Demolition		Permit fees* are based on the va Indicate the value (rounded to the
Addition/alteration/replacement	Other:		materials, labor, overhead, and to this application.
	ORY OF CONSTRUCTION		Valuation
1- and 2-family dwalling	☐ Commercial/indu	strial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family		Number of bathrooms;
☐ Master builder	Other:		Total number of floors:
	NFORMATION AND LOCATION	N	New dwelling area:
Job site address: 45065	S.W. When	aton Ln	Garage/carport area:
City/State/ZIP: Beaverto		07-	Covered porch area:
Suite/bldg./apt. no.:	Project name: G	eddic	Deck area:
Cross street/directions to job site:	25 th Ave.		Other structure area:
S,W. 7	7,40,		REQUIRED DATA: COM
	Lot no.:		Permit fees' are based on the v
Subdivision:	Lot no		Indicate the value (rounded to to materials, labor, overhead, and
Tax map/parcel no.: /5/20 A	A01999		this application.
	SCRIPTION OF WORK		Valuation
Replace Ex	isting Deck		Existing building area:
Like for Lik			New building area;
Time tox YIM	- 		Number of stories:
PROPERTY OWNER		☐ TENANT	Type of construction:
Name: Steve Geddi	e		Occupancy groups:
	Wheaton Ln		Existing:
City/State/ZIP: Bearly GV			New:
Phone: 503-329-48	_		
E-mail:	<u> </u>		All contractors and subcontract
APPLICANT	X	ONTACT PERSON	the Oregon Construction Cont
	us form Fence 4	- Dack	being parformed. If the application following reasons apply:
Contact name: Strane	Rutledge		Tollowing to a control of the contro
Address: 4547 SE	T.V. Hwy.		
City/State/ZIP: 14 11 shore	, ov. 9712	3	
Phone: 507-992-6879	Fax:		
	loo Rocks fe	namy, com	musik musik
Teve, NWPIE	CONTRACTOR		BUILDING
Business name:			Please re
Address:			Amount received
City/State/ZIP:			Date received:
Phone:	Fax:		
CCB Ho.: 50088			This permit application within 180 days after it
Authorized signature:			* Fee methodology set
Print name: Stare Ru	Hedre.	Date: 7-13-20	Industry Service Board
True manor. D Prever IM	Y		

AND 2-FAMILY DWELLING value of the work performed. the nearest dollar) of all equipment, it he profit for the work indicated on square feet square feet square feet equare feet square feat MERCIAL-USE CHECKLIST value of the work performed. the nearest dollar) of all equipment, d the profit for the work indicated on square feet square feet NOTICE actors are required to be licensed with tractors Boerd under ORS 701 and ed in the jurisdiction in which work to ant is exempt from licensing, the G PERMIT FEES* iler to lee schedule \$232.43

expires if a permit is not obtained that been accepted as complete

by Tri-County Building

Form B70-1001



LARRY BUSHAW

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403: Fax: (503) 526-2550

RECEIVED	
OFFICE	JSE ONLY
Date Rece 48/03/2020	Phone that
Date Received/03/2020	Permit N B2020-2761
Date Issued: 8/10/3030 (By
CITY OF DEAL	Payment Type:

www.BeavertonO	regon,gov/bib	CHYOF	BEAVERTON	Payment Type:	
TYPE O	WORK	RAIITOI	NG DIVESURED DAT	A: 1- AND 2-FAMILY DW	/ELLING
☐ New construction	☐ Demolition		Penniciaes are pased of	in the value of the work pe led to the nearest dollar) o	monneo,
☑ Addition/alteration/replacement	☐ Olher:		materials, labor, overhea	d, and the profit for the wo	
CATEGORY OF	CONSTRUCTION		this application.		
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms		
☐ Accessory building	☐ Multi-family		Number of bathrooms		
☐ Master builder	☐ Olher:				
JOB SITE INFORMAT	ION AND LOCATION		Total number of floors	The state of the s	equality of the same
Job site address: 3211 SW CEDARS HILL	S BLVD		New dwelling area:	square	
City/State/ZIP:BEAVERTON OR 97005		· · · · · · · · · · · · · · · · · · ·	Garage/carport area:	square	feet
Suite/bidg./apt. no.:	Project name: OSWEGO GRILL		Covered porch area:	aquare	feet
Cross street/directions to job site:	Table 1		Deck area:	square	feel
		ŀ	Other structure area:	square	feel
and the state of t			REQUIRED DATA	COMMERCIAL-USE CH	IECKLIST
Subdivision:	Lot no.:			n the value of the work pe ed to the nearest dollar) o	
Tax map/parcel no.;				d, and the profit for the wo	
DESCRIPTION			Valuation		4,100
FIRE ALARM TENANT IMPROVEME	NT	1.	Existing building area:	6000 square	feet
			New building area:	square	feet
			Number of stories:	<u> </u>	4
☐ PROPERTY OWNER	☑ TENANT		Type of construction:	<u> </u>	V-E
Name: CROSSROADS RESTAURANT	GROUP		Occupancy groups:		A-2
Address: 25195 SW PARKWAY AVENU	E		Existing:	<u> </u>	
City/State/ZIP:BEAVERTON OR 97070		:	New:	Water the state of	
Phone: (503) 307-3481	Fax:			NOTICE	
E-mail:BGABRIEL@CROSSROADSRE	STAURANTS.COM		AR	GRODE WEST STEEL SERVICES OF STREET	ha llannand with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction	ontractors are required to t Contractors Board under	ORS 701 and
Business name: T&L COMMUNICATIONS			being performed. If the a	ensed in the jurisdiction in pplicant is exempt from lic	
Contact name: LARRY BUSHAW			following reasons apply:		
Address:PO BOX 87387					
City/State/ZIP:VANCOUVER WA 98687					
Phone:(360) 737-9725	Fax:				
E-mail: OFFICE@TL-COMMUNICATIO	NS,COM				
CONTRAC	TOR		BUILI	DING PERMIT FEES'	
Business name: T&L COMMUNICATIONS			Pleas	e refer to fee schedule	· 4 · 1 · 1
Address:PO BOX 87387		. :	Fees due upon application	n \$74.	.13
City/State/ZIP:VANCOUVER WA 98687	4-4-1		Amount received		
Phone:(360) 737-9725	Fax;		Date received:		
CCB lic.:67787			T11		
Authorized Janua Brushau			within 180 days afte	on expires if a permit is or it has been accepted a	is complete

Date:

07/20/20

* Fee methodology set by Trì-County Building Industry Service Board

Form B70-1001



Keith Berdogin

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

OFFICE	USE ONLY
Date Received:	Permit No.1.0 20 20 - 0638
Date Issued: 0 1)	(Ax)
	Payment Type:

	PE OF WORK
	Demolition
New construction	Other:
☑ Addition/alteration/replacement	Y OF CONSTRUCTION
	✓ Commercial/Industrial
1- and 2-family dwelling	
Accessory building	☐ Multi-family
Master builder	Other:
	ORMATION AND LOCATION
Job site address: 12650 SW Brockma	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Guidepost Montessori
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128DA00300	
DESC	RIPTION OF WORK
PROPERTY OWNER Name: Wall, George E & Pamela	☐ TENANT
Name: Wall, George E & Pamela	J
Address: 11800 SW Bull Mountain	Rd.
City/State/ZIP: Tigard, OR 97224	
Phone: (503) 624-7100	Fax:
E-mail:	
☑ APPLICANT	□ CONTACT PERSON
Business name: Higher Ground Educ	cation
Contact name: Keith Berdogin	
Address: 10 Orchard, Suite 200	
City/State/ZIP: Lake Forest, CA 926	30
Phone: (503) 750-2668	Fax:
E-mall: kberdogin@yahoo.com	
C(ONTRACTOR
Business name: Nick Karavel, DBA I	UNITACION
	Pacific Valley Construction
Address: 11055 Portland Road, Ni	Pacific Valley Construction
	Pacific Valley Construction
Address: 11055 Portland Road, NI	Pacific Valley Construction
Address: 11055 Portland Road, Ni City/State/ZIP: Brooks, OR 97224	Pacific Valley Construction Fax:

Date:

07/27/20

REQUIRED DATA: 1- A	AND 2-FAMILY DWELLING
Permit fees* are based on the value (rounded to to materials, labor, overhead, and this application.	value of the work performed. the nearest dollar) of all equipment, the profit for the work indicated on
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
\$5550X555996660X555000X555656565656	IMERCIAL-USE CHECKLIST
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application.	the nearest dollar) of all equipment, d the profit for the work indicated on
Valuation	187155
Existing building area:	5039 square feet
New building area:	5039 square feet
Number of stories:	1
Type of construction:	Wood
Occupancy groups:	
Existing:	•
New:	
N N	IOTICE
the Oregon Construction Cont	stors are required to be licensed with ractors Board under ORS 701 and d in the jurisdiction in which work is ant is exempt from licensing, the
	PERMIT FEES*
Please refe	er to fee schedule
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

8/3/2020 CITY OF BEAVERTON

BUILDING DIVISIO Building Permit Application Community Development Department, Building

REV 20-426 r Beaverton

signature:

Print name:

Christopher Youngberg

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE USE ONLY			
Date Received: 8-3-2020	Permit No.: B2020-2209		
Date Issued: 🛆 🛨 👊	Ву:\		
	Payment Type:		

WWW.Beavertono	
	F WORK
✓ New construction	☐ Demolition
Addition/alteration/replacement	Other:
	CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☑ Multi-family
☐ Master builder	Other:
	TION AND LOCATION
Job site address: 12715 SW 172nd Terrac	e
City/State/ZIP:Beaverton, Oregon 97007	
Suite/bldg./apt. no.: Garage	Project name:South Cooper Mountain
Cross street/directions to job site: Intersection of Ferry Rd	of SW 172nd Ter and SW Scholls
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTIO	N OF WORK
□ PROPERTY OWNER	☐ TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax;
E-mail:	
☑ APPLICANT	☐ CONTACT PERSON
Business name: Jet Industries - Fire Prote	ection
Contact name: Christopher Youngberg	
Address: 1935 NE Silverton RD	
City/State/ZIP:Salem, Oregon 97301	
Phone: (971) 600-5686	Fax:
E-mail:christopher.y@jetindustries.net	
CONTRA	ACTOR
Business name: Same as applicant	
Address:Same as applicant	
City/State/ZIP:Same as applicant	
Phone: (971) 600-5686	Fax:
ССВ IIс.:3944	
Authorized //	The state of the s

Date:

08/03/20

REQUIRED DATA: 1- AM	ND 2-FAMILY DWELLING
Permit fees* are based on the va Indicate the value (rounded to the materials, labor, overhead, and to this application.	ilue of the work performed. e nearest dollar) of all equipment, he profit for the work indicated on
Valuation	•
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COM	MERCIAL-USE CHECKLIST
Permit fees* are based on the ve Indicate the value (rounded to the materials, labor, overhead, and this application.	alue of the work performed. he nearest dollar) of all equipment, the profit for the work indicated on
Valuation	80,506.50
Existing building area:	square feet
New building area:	86569 square feet
Number of stories:	2
Type of construction:	II-B
Occupancy groups:	S-2
Existing:	
New:	
NC	OTICE
the Oregon Construction Contra	ors are required to be licensed with actors Board under ORS 701 and in the jurisdiction in which work is it is exempt from licensing, the
	PERMIT FEES* to feé schedule 812.09
Amount received	
Attioun received.	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application City of Beaverton PO Box 4755, Beaverton, OR 97076

RECEIVED		
Date Received O.Z./24 (2002)	BE ONLY	588
Date Received: 07/24/2020	Permit No.: R2020-2647	2000
Date Issued:	By / B2020=2047	
CITY OF IT WAS IT	Payment Type:	٠.
1&2 family SINGE BEAVERTON	Complex:	-
DUILDING DIVIDION	<u> </u>	, 30

Phone (503) 526-2403; Internet address: ww	Fax: (503) 526-2550 w.ci.beaverton.or.us	1&2 family:	X-QE BEAVERTON	Payment Type:	
, TVPE	OF WORK	BU	ITDING DIMESION	A: 1- AND 2-FAMILY	DWELLING
New construction			Permit Ices* are base	d on the value of the w	ork performed.
Addition/alteration/replacement	Demolition		Indicate the value (ro	unded to the nearest de labor, overhead, and	ollar) of all
	Other:		work indicated on thi	s application.	ine prom for the
☐ 1- and 2-family dwelling	CONSTRUCTION		Valuation	:	
	Commercial/industrial		Number, of bedroo	oms:	A POST
Accessory building	Multi-family		Number of bathroo	oms:	
Master builder	Other:		Total number of f	DOIS;	
	TION AND LOCATION		New dwelling area	square fe	el
Job site address: 1350,5W	LOUN Rd		Garage/carport are	a: square fe	et
City/State/ZIP Beauchton	OR.		Covered porch are	a: square fe	ot
Suite/bldg./apt no.; 04	Project name:		Deck area:	square fe	et
Cross street/directions to job site:			Other structure are	a: square fe	et
IN Fred Meyer	Packing Lot F	=,,e	REQUIRED DATA	: COMMERCIAL-USE	CHECKLIST
J			Permit fees* are base	d on the value of the w	ork performed.
			Indicate the value (ro	unded to the nearest do labor, overhead, and t	ollar) of all
Subdivision:	Lot no.:		work indicated on thi	s application.	ue bront for the
Tax map/parcel no.:			Valuation 400	7	
DESCRIPTIO	N OF WORK		Existing building a	rea: square fe	et
Install Five Sers	FRUM IN NOOK	1,000	New building area	square fe	et
Head	TOWN IN COOK	11/10	Number of stories:		
			Type of construction	n:	
			Occupancy groups		
☐ PROPERTY OWNER	☐ TENANT		Existing:		
Name: Space Dork	· Line	-	New;		· · · · · · · · · · · · · · · · · · ·
Address:		<u> </u>		NOTICE	
City/State/ZIP:			All contractors and su	bcontractors are requir	ed to be
Phone: 503 699 - 34 (c)	Town /		licensed with the Oregunder ORS 701 and 11	on Construction Conti	ractors Board
□ APPLICANT	Fax: ()		jurisdiction in which	vork is being performe	d. If the
Business name:	☐ CONTACT PERSO	N - N	applicant is exempt fr apply:	om licensing, the follo	wing reasons
Contact name:					
Address:					
City/State/ZIP:			BUILE	ING PERMIT FEES	A
Phone: ()				e refer to fee schedule	
	Fax::()		Fees due upon applica		\$66.60
OT IOLONDOT MENTOO!			Amount received		\$00.00
CONTRA	CTOR		Date received:	2	
Business name; ABC FINE E	xingusher		1	-	
Address: 4348 NE 1021	X AVE		This permi	t application expli	res
City/State/ZIP: Pertaind C	R 57220		if a permit is not	obtained within 1	80 days
Phone: (503) 772-1643	Fax: (愛名) ファフ・1/4	7	after it has bee	n accepted as con	polete

after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

signature: Print name:

CCB lic.:

Authorized

Date: 7

440-4613T (10/02/COM/WEB)



Lynn Y. Sakai

Building Permit Application
Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE USE ONLY		
Date Received: 8-5-20	Permit No.: B2020-2812	
Date Issued: 8-6-20	ву: Д.	
	Payment Type: Visa	

www.Beaver	tonOregon.gov/bib			<u> </u>
TYP	E OF WORK	ACM ACCOMMODISTRACTOR (522) 2014 (1922) 20	ATA: 1- AND 2-FA	40,400,449,444,446,644,631,432,444,646,746,744,444,444
☐ New construction	construction		unded to the nearest	dollar) of all equipment,
☐ Addition/alteration/replacement ☐ Other:		materials, labor, overl	nead, and the profit t	for the work indicated on
CATEGORY	OF CONSTRUCTION	SO VAL	15,000 to tear	down and remove
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedroo	ms:	2
☐ Accessory building	☐ Multi-family	Number of bathroo	ms:	1
☐ Master builder	☑ Other: old falling down house	Total number of flo	oors:	1
JOB SITE INFO	MATION AND LOCATION	New dwelling area	: none	e square feet
Job site address: 6495 SW Murray Blv	d.	Garage/carport are		e square feet
City/State/ZIP: Beaverton, OR 97008		Covered porch are		e square feet
Suite/bldg./apt. no.:	Project name: Sakai demo	Deck area:		e square feet
Cross street/directions to job site: just south	of Murray and Davis			e square feet
,	•	Other structure are	TA: COMMERCIAL	
	Lot no.:	Permit fees* are base		
Subdivision:	Lot no.	Indicate the value (ro	unded to the neares	t dollar) of all equipment, for the work indicated on
Tax map/parcel no.: 1S120AA-03802	PTION OF WORK	this application.	noda, and the prom	
		Valuation		
This property was transferred to r	ne in exchange for the frontage of my , when Murray was widened. It has bee	Existing building a	rea:	square feet
l empty since then (1996?) and is	now a falling down wreck that needs to	oe New building area	1	square feet
removed.		Number of stories	:	
☐ PROPERTY OWNER	☐ TENANT	Type of constructi	on:	
Name: Lynn Y. Sakai		Occupancy group	S:	
Address: 6485 SW Murray Blvd.		Existing:		
City/State/ZIP: Beaverton, OR 97008		New:	<u> </u>	
Phone: (503) 475-2554	Fax:		NOTICE	e de la companya de
E-mail: lyspdx@gmail.com		All contractors and s	ubcontractors are re	quired to be licensed with
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construct	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is	
Business name:		being performed. If t following reasons ap	he applicant is exem	pt from licensing, the
Contact name:		, one ting , each of		
Address:				
City/State/ZIP:				•
Phone:	Fax:			
E-mail:			uu buud Bebuut	
СО	NTRACTOR		UILDING PERMIT	
Business name: Cipriano Construction	1 Co.		Please refer to fee so	h and are
Address: 9795 SE 242nd Ave.		Fees due upon appl	ication	\$311.88
City/State/ZIP: Damascus, OR 97089		Amount received		
Phone: (503) 307-1282	Fax:	Date received:		
CCB lic.: #81536		This permit app	lication expires if a	permit is not obtained
Authorized signature:		within 180 day	after it has been a	accepted as complete

Date:

08/04/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Clear Form



Print name:

Wenyan zhu

menyan zhu

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 90750

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE	JSE ONLY
Date Received 12/3/2019	Permit No. B2019-4970
Date Issued: 📿 📗	BY
9 6 XX	Payment Type:

TYPE	OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	Other:
CATEGORY C	OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	⊠ Multi-family
☐ Master builder	C Other:
JOB SITE INFORM	MATION AND LOCATION
Job site address: 14405 SW 27th ct	
City/State/ZIP: beaverton or, 97008	
Suite/bldg./apt. no.:	Project name: deck
Cross street/directions to job site:	
D.I. Walakana	Lot no.:
Subdivision:	LOCATION.
Tax map/parcel no.:	TION OF WORK
Name: Bright Star Investments, LL Address: 16055 SW Walker rd. #25	
City/State/ZIP: Beaverton OR 97006	
Phone: 5037298208	Fax:
E-mail: yurk@hotmail.com	
■ APPLICANT	CONTACT PERSON
Business name: Bright Star Investmen	ts, LLC
Contact name: wenyan zhu	
Address: 16055 SW Walker rd. #2	254
City/State/ZIP: Beaverton OR 97006	
Phone: 5037298208	Fax:
E-mail: yurk@hotmail.com	
	RACTOR
Business name: GABRIEL CAVALIER	
Address: 14900 S STEVENS RD	
City/State/ZIP: OREGON CITY OR	97045
Phone:	Fax:
ссв нс.: 220231	
Authorized signature:	

REQUIRED DATA: 1- AND	. N. P. P. C.
Permit fees* are based on the valu- Indicate the value (rounded to the r materials, labor, overhead, and the this application.	nearest dollar) of all equipment.
Valuation \$600	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area: 96	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOT	ICE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE	RMIT FEES*
Please refer to	fee schedule
Fees due upon application	\$113.44
Amount received	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date received:

11/25/2019



New construction

☐ Addition/alteration/replacement

City/State/ZIP: Beaverton, OR 97005

☐ PROPERTY OWNER

☑ APPLICANT Business name: Sanderson Fire Protection

City/State/ZIP: Portland, OR 97214

E-mail: geoff@sandersonfire.com

Business name: Same as Above

Contact name: Geoff Spahr Address: 1101 SE 3rd

Phone: (503) 889-3110

☐ 1- and 2-family dwelling

☐ Accessory building

Master builder

Suite/bldg./apt. no.;

Tax map/parcel no.:

hood (Type1).

Name: Address: City/State/ZIP:

Phone: E-mail:

Subdivision:

Cross street/directions to job site:

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

□ Demolition

☐ Multi-family

☐ Other:

Lot no.:

Fax:

Fax:

DESCRIPTION OF WORK

Install Ansul R-102 UL300 Kitchen Fire System into pre-piped e

☑ Commercial/industrial

Project name: Chipotle #373

Other:

Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

Job site address: 9375 SW Beaverton Hillsdale Highway

Date Received: ()

Permit No.: B2020-2573

OFFICE USE ONLY

	Date Issued:	00 NO 1/4	9:
26-2550	CITY	//	ayment Type:
	— ВЏ	LIDING DIVISIONATA	1- AND 2-FAMILY DWELLING
		Permit fees" are based on to indicate the value (rounded materials, labor, overhead,	he value of the work performed. to the nearest dollar) of all equipment, and the profit for the work indicated on
1 - 1 - 1 - 1 - 1 - 1 - 1		this application.	
		Valuation	
/industrial		Number, of bedrooms:	
		Number of bathrooms:	
TION		Total number of floors:	
TION		New dwelling area:	square feet
У		Garage/carport area:	square feet
N-i	,	Covered porch area:	square feet
Chipotle #3737		Deck area:	square feet
		Other structure area:	square feet
		REQUIRED DATA: (COMMERCIAL-USE CHECKLIST
		Indicate the value (rounded	the value of the work performed. I to the nearest dollar) of all equipment, and the profit for the work indicated on
		Valuation	\$1700.00
o pre-piped ex	xhaust	Existing building area:	square feet
		New building area:	square feet
		Number of stories:	
TENANT		Type of construction:	
		Occupancy groups:	
		Existing:	
		New:	
			NOTICE
CONTACT PERS	ON	the Oregon Construction C	stractors are required to be licensed with Contractors Board under ORS 701 and unsed in the jurisdiction in which work is plicant is exempt from licensing, the
		being performed. If the app following reasons apply:	ing PERMIT-FEES*
······································		Fees due upon application	\$46.51
		Amount received	T

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

REV 11/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Address:		
City/State/ZIP:		
Phone:	Fax:	
ссв 16.: 208652		
Authorized signature: Geoffray R. S	Spahr	
Print name:	Date:	
Geoff Spahr	07/20)/20

CONTRACTOR



Robert C. Simpson

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received 08/03/2020	Permit No.: B2020-2760
Date Issued: 8 6 2000	BIN
CITY OF BEAVERTON	Payment Type:
BUILDING DIVISION	

www.Beaver	ionOregon.gov/bib	BUILDING DIVISIONATA 1 AND SEAMILY DWELLING		
TYP	E OF WORK		A 1	
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed indicate the value (rounded to the nearest dollar) of all equal to the nearest dollar) of all equal to the nearest dollar) of all equal to the nearest dollar).	ulpment.	
☑ Addition/alteration/replacement	materials labor guerhead and the profit for the		cated on	
CATEGORY	OF CONSTRUCTION	Valuation		
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:		
☐ Accessory building	☐ Mulli-family	Number of bathrooms:		
☐ Master builder	Other;	Total number of floors:	· · · · · · · · · · · · · · · · · · ·	
Table 18 And Table	RMATION AND LOCATION	New dwelling area: square feet	 	
Job site address: 7969 SW CIRRUS D)R	Garage/carport area: square feet		
city/state/zip: Beaverton, OR 97008		Covered porch area: square feet		
Suite/bidg./apt, no.: 22-G	Project name: Mimomax	Deck area: square feet		
Cross street/directions to job site: SW Hall E	Blvd.	Other structure area; square feet	····	
		REQUIRED DATA: COMMERCIAL-USE CHECKL	ie r	
	Lot no.: 01300	Permit fees* are based on the value of the work performe		
Subdivision:	EOCHO O TOO	Indicate the value (rounded to the nearest dollar) of all eq materials, labor, overhead, and the profit for the work indi	iuloment.	
Tax map/parcel no.: 1S127AB	PTION OF WORK	this application.		
This project is limited to the additi			,431.00	
This project is limited to the additi	Off Of New Casework and Sink.	Existing building area: 21,278 square feet	Existing building area: 21,278 square feet	
		New building area: O square feet		
·		Number of stories:	1	
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	3-B	
Name: Harsch Investment Corp.		Occupancy groups:		
Address: 8275 SW Cirrus Drive		Existing:	B/S-1	
city/State/ZIP: Beaverton, OR 97008		New:	B/S-1	
Phone: (503) 450-0831	Fax:	NOTICE		
E-mail: EmilyM@Harsch.com		All contractors and subcontractors are required to be lice	nsed with	
☑ APPLICANT	☐ CONTACT PERSO	the Oregon Construction Contractors Board under ORS may be required to be licensed in the jurisdiction in which	701 and h work is	
Business name: Robert Simpson Architect, PC		being performed. If the applicant is exempt from licensing following reasons apply:	g, the	
Contact name: Robert C. Simpson		talioning rotation experience	рици - д 	
Address: 6121 NE Rosebay Drive				
city/State/ZIP: Hillsboro, OR 97124-5	046			
Phone: (503) 709-9653	Fax:			
E-mail: R.C.Simpson@iCloud.com				
col	NTRACTOR	BUILDING PERMIT FEES!		
Business name: Pacific Crest Structur	.,	Please refer to fee schedule	•	
Address: 17750 SW Upper Boones Ferry Road, Suite 190		Fees due upon application \$362.6	1	
city/state/zip: Durham, OR 97224		Amount received		
Phone: (503) 968-8949	Fax:	Date received:		
CCB No.: 66915	<u> </u>	This permit application expires if a permit is not o	btained	
Authorized signature:		within 180 days after it has been accepted as co	mplete	

Date:

July 31, 2020

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

	DECEMBER	
	OFFICE	USE ONLY
ate Received:	06/16/2020	Permit No.: B2020-2068
ate Issued:	815 m 30	/BV
CITY	OF BEAVERTO	Payment Type:

www.Bea	vertonOregon.gov/blb	BUILDING DIVISIONATA 14 AND 2-FAMILY DWELLING
	TYPE OF WORK	
□ New construction □ Demolition		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☑ Addition/alteration/replacement ☐ Other:		materials, labor, overhead, and the profit for the work indicated on this application.
CATEGO	DRY OF CONSTRUCTION	Valuation
1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder L	Other:	Total number of floors:
JOB SITE IN	FORMATION AND LOCATION	New dwelling area: square feet
Job site address: 11741 S.W. Beave	erton Hillsdale Hwy	Garage/carport area: square feet
City/State/ZIP: Beaverton, OR 970	05	
Suite/bidg./apt. no.:	Project name: Chirncking T.I.	
Cross street/directions to job site: S.W. F	Beaverton Hilsdale Hwy & Beaverton	igard Deck area: square feet
Hwy	, , , , , , , , , , , , , , , , , , , ,	Optici successive cross.
	Latro	REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
Subdivision:	Lot no.:	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Tax map/parcel no.:	CRIPTION OF WORK	this application.
		Valuation , \$2,800
Add/Relocate fire sprinklers pe	er tenant improvement walls and ceilir	gs. All Existing building area: 1,180 square feet
work per NFPA 13 and all appl	ilcable codes.	New building area: 1,180 square feet
•		Number of stories:
PROPERTY OWNER	☑ TENANT	Type of construction: VB
Name: Chimcking Tenant Improv	vement	Occupancy groups: Restaurant
Address: 11741 S.W. Beaverton	Hillsdale Hwy	Existing:
City/State/ZIP: Beaverton, OR 970	005	New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
	☑ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Hydro Tech Fire P	rotection, Inc.	being performed. If the applicant is exempt from licensing, the
Contact name: Keri Hamilton		following reasons apply:
Address: 15218 N.E. Caples Roa	ad / P.O. Box 40	
city/State/ZIP: Brush Prairie, WA	98606	
Phone: (360) 256-2816	Fax: (360) 256-2817	
E-mail: keri@hydrotechfire.com		
CONTRACTOR		BUILDING PERMIT FEES*
Business name: Hydro Tech Fire F	rotection, Inc.	Please refer to fee schedule
Address: 15218 N.E. Caples Road		Fees due upon application \$59.08
City/State/ZIP: Brush Prairie, WA	98606	Amount received
Phone: (360) 256-2816	, Fax: (360) 256-2817	Date received:
CCB lic.: 104778		This permit application expires if a permit is not obtained
Authorized signature:	\	within 180 days after it has been accepted as complete

Date:

06-16-2020

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

OFFIC	E USE ONLY
Date Received: 12-6-2019	Permit No.: B2019-5047
Date Issued: 9///	(BY.)
7 7 70 30	Payment Type:

☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGOR	RY OF CONSTRUCTION
1- and 2-family dwelling	✓ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INF	ORMATION AND LOCATION
Job site address: 14205 SW Allen Blv	vd.
City/State/ZIP:Beaverton/Oregon/97	7005
Suite/bldg./apt. no.:	Project name: SW Allen Blvd. T.I.
Cross street/directions to job site: SW Alle	en Blvd, and SW 141st Ave.
OW MIC	or areas stronger and a resolution
	Lot no.:R132591
Subdivision:	LOCHO[7] [3239]
Tax map/parcel no.:1S116CC00604	CODITION OF WORK
	RIPTION OF WORK
WORK INCLUDES DEMOLITICE REPORTED WALLS, ENTIRE R	REATIONAL CANNABIS DISPENSARY. ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR UDES NEW INTERIOR/EXTERIOR
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLUDED PROPERTY OWNER	ON OF ALL INTERIOR WALLS, SOME SOOF SYSTEM, AND EXTERIOR
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLUDED PROPERTY OWNER Name: Dr Richard Krokum	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Scho	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR TENANT TOOI Road
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson School City/State/ZIP: North Plains OR 971	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR TENANT TOOI Road
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson School City/State/ZIP: North Plains OR 971 Phone: (503) 730-7732	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson School City/State/ZIP: North Plains OR 971	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson School City/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR TENANT DOI ROAD Fax: CONTACT PERSON
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson School City/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR TENANT DOI ROAD Fax: CONTACT PERSON
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Scho City/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture a Contact name: Dustin Gerkhardt	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR TENANT TOOI Road 33 Fax: CONTACT PERSON And Design
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE R ENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Schoolity/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com PAPPLICANT Business name: Bama Architecture and Contact name: Dustin Gerkhardt Address: 7350 SE Milwaukie Ave.	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33 Fax: CONTACT PERSON And Design
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLUDED PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Schoolity/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture Contact name: Dustin Gerkhardt Address: 7350 SE Milwaukie Ave. City/State/ZIP: Portland/Oregon/972	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33 Fax: CONTACT PERSON And Design
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Schoolity/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture and Contact name: Dustin Gerkhardt Address: 7350 SE Milwaukie Ave. City/State/ZIP: Portland/Oregon/972 Phone: (503) 253-4283	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33 Fax: CONTACT PERSON And Design
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLUED PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Schoolity/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture Contact name: Dustin Gerkhardt Address: 7350 SE Milwaukie Ave. City/State/ZIP: Portland/Oregon/972 Phone: (503) 253-4283 E-mail: dustin@bamadesign.com	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33 Fax: CONTACT PERSON And Design
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson School City/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture Contact name: Dustin Gerkhardt Address: 7350 SE Milwaukie Ave. City/State/ZIP: Portland/Oregon/972 Phone: (503) 253-4283 E-mail: dustin@bamadesign.com	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33 Fax: CONTACT PERSON And Design Fax: CONTRACTOR
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLUED PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Schoolity/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture Contact name: Dustin Gerkhardt Address: 7350 SE Milwaukie Ave. City/State/ZIP: Portland/Oregon/972 Phone: (503) 253-4283 E-mail: dustin@bamadesign.com Business name: NW Elite Building &	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33 Fax: CONTACT PERSON And Design Fax: CONTRACTOR
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLU PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Schoolity/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture and Address: 7350 SE Milwaukie Ave. City/State/ZIP: Portland/Oregon/972 Phone: (503) 253-4283 E-mail: dustin@bamadesign.com Business name: NW Elite Building & Address: 3131 Ivy Dr	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33 Fax: CONTACT PERSON And Design Pax: CONTRACTOR Design LLC
WORK INCLUDES DEMOLITIC EXTERIOR WALLS, ENTIRE RENTRY STAIRS. WORK INCLUED PROPERTY OWNER Name: Dr Richard Krokum Address: 12995 NW Jackson Schoolity/State/ZIP: North Plains OR 971 Phone: (503) 730-7732 E-mail: krokumr@msn.com APPLICANT Business name: Bama Architecture Contact name: Dustin Gerkhardt Address: 7350 SE Milwaukie Ave. City/State/ZIP: Portland/Oregon/972 Phone: (503) 253-4283 E-mail: dustin@bamadesign.com Business name: NW Elite Building &	ON OF ALL INTERIOR WALLS, SOME ROOF SYSTEM, AND EXTERIOR JDES NEW INTERIOR/EXTERIOR OOI Road 33 Fax: CONTACT PERSON And Design Pax: CONTRACTOR Design LLC

Date:

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the valu- indicate the value (rounded to the r materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	,
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the valuation indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	\$180,000
Existing building area:	2,180 square feet
New building area:	O square feet
Number of stories:	•
Type of construction:	` VE
Occupancy groups:	B/N
Existing:	E
New:	E
NOT	ICE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant i following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE Please refer to	o fee schedule
Fees due upon application	\$2,009.67
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Angie Cook

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY		
Date Received: 07/28/2020	Permit No.: B2018-3708	
Date Issued: 8 3 30 30	/Ay/	
	Payment Type:	

www.BeavertonOrd	egon.gov/blb	
TYPE OF	WORK	REQU)
☑ New construction	☐ Demolition	Permit fees* as Indicate the va
Addition/alteration/replacement	☐ Other:	materials, labo
CATEGORY OF C	ONSTRUCTION	Valuation
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number. of
☐ Accessory building	☐ Multi-family	Number of
☐ Master builder	Other:	Total numb
JOB SITE INFORMATI	ION AND LOCATION	New dwellin
Job site address: 12430 SW 171st Terrace		Garage/car
City/State/ZIP: Beaverton Oregon		Covered po
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts	
Cross street/directions to job site:		Deck area:
		Other struc
		REQUIF
Subdivision: South Cooper Mountain Hts	Lot no.: 58	Permit fees* a Indicate the v
Tax map/parcel no.:		materials, lab
DESCRIPTION	1 OF WORK	Valuation
New SFR		Existing bu
		New buildi
		Number of
☑ PROPERTY OWNER	☐ TENANT	Type of co
Name: Everett Custom Homes		Occupanc
Address: 3330 NW Yeon Ave, Suite 100		Existir
City/State/ZIP: Portland, OR 97210		New:
Phone: (503) 726-7060	Fax:	New.
E-mail: angie@everetthomesnw.com		
☑ APPLICANT	☐ CONTACT PERSON	All contractor the Oregon C
Business name: Everett Custom Homes		may be requi being perforn
Contact name: Angie Cook		following reas
Address: 3330 NW Yeon Ave, Suite 100		
City/State/ZIP: Portland, OR 97210		
Phone: (503) 726-7042	Fax:	
E-mail: angie@everetthomesnw.com		
CONTRA	CTOR	
Business name: Everett Custom Homes		
Address: 3330 NW Yeon Ave, Suite 100)	Fees due up
City/State/ZIP: Portland, OR 97210		Amount rece
Phone: (503) 726-7060	Fax:	Date receive
CCB lic.: 189447		
Authorized signature: Unqui Cork.		This pern within 1

Date:

07/13/20

Fayii	letti i ype.
REQUIRED DATA: 1-7	AND 2-FAMILY DWELLING
Permit fees* are based on the	
Valuation	\$215,363
Number, of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1570 square feet
Garage/carport area:	475 square feet
Covered porch area:	36 square feet
Deck area:	96 square feet
Other structure area:	square feet
	MERCIAL-USE CHECKLIST
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application.	value of the work performed. the nearest dollar) of all equipment, d the profit for the work indicated on
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
1	NOTICE.
the Oregon Construction Con may be required to be license	ctors are required to be licensed with tractors Board under ORS 701 and d in the jurisdiction in which work is ant is exempt from licensing, the
	PERMIT FEES* fer to fee schedule
Date received:	

nit application expires if a permit is not obtained 80 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



signature:

Print name:

Angie Cook

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

OFFICE USE ONLY		
Date Received: 07/28/2020	Permit No.: B2018-3709	
Date Issued: どうしひん	BW	
	Payment Type:	

TY	PE OF WORK
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
CATEGORY	OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 12428 SW 171st Tel	rrace
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain	Hts Lot no.: 59
Tax map/parcel no.:	
DESCR	RIPTION OF WORK
New SFR	□ TENANT
	☐ TENANT
☑ PROPERTY OWNER: Name: Everett Custom Homes	
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite	
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210	∋ 100
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060	e 100 Fax:
PROPERTY ÓWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZiP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc	9 100 Fax:
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co	Fax: CONTACT PERSON
PROPERTY ÓWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZiP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc	Fax: CONTACT PERSON
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co	Fax: CONTACT PERSON
PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZiP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc Phone: (503) Phone	Fax: CONTACT PERSON Des
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook	Fax: CONTACT PERSON Des
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angle@everetthomesnw.co	Fax: CONTACT PERSON Des
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210	Fax: CONTACT PERSON PERSON Fax: Fax:
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.co	Fax: CONTACT PERSON PERSON Fax: Fax:
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.co	Fax: CONTACT PERSON De 100 Fax: CONTACT PERSON De 100 Fax: COM DNTRACTOR
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc ☑ APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.cc	Fax: CONTACT PERSON DES PAX: DOM Fax: DOM PAX: DOM DATRACTOR DES
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.co Business name: Everett Custom Hom	Fax: CONTACT PERSON DES PAX: DOM Fax: DOM PAX: DOM DATRACTOR DES
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.cc ☑ APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.cc Business name: Everett Custom Hom Address: 3330 NW Yeon Ave, Suite	Fax: CONTACT PERSON DES PAX: DOM Fax: DOM PAX: DOM DATRACTOR DES
Name: Everett Custom Homes Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7060 E-mail: angie@everetthomesnw.co APPLICANT Business name: Everett Custom Hom Contact name: Angie Cook Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210 Phone: (503) 726-7042 E-mail: angie@everetthomesnw.co Business name: Everett Custom Hom Address: 3330 NW Yeon Ave, Suite City/State/ZIP: Portland, OR 97210	Fax: CONTACT PERSON DISCONTACT

Date:

07/13/20

REQUIRED DATA: 1- A	ND 2-FAMILY D	WELLING
Permit fees* are based on the value (rounded to to materials, labor, overhead, and this application.	he nearest doliar)	of all equipment,
Valuation		\$221,277
Number, of bedrooms:	,	3
Number of bathrooms:		2.5
Total number of floors:		3
New dwelling area:	1795 squa	re feet
Garage/carport area:	608 squa	re feet
Covered porch area:	36 squa	re feet
Deck area:	108 squa	re feet
Other structure area:	squa	re feet
REQUIRED DATA: COM	MERCIAL-USE (CHECKLIST
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application.	he nearest dollar)	of all equipment,
Valuation		
Existing building area:	sups	re feet
New building area:	squa	re feet
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
1	OTICE	
All contractors and subcontract the Oregon Construction Cont may be required to be licensed being performed. If the application following reasons apply:	actors Board und Lin the iurisdiction	er ORS 701 and in which work is
	PERMIT FEES* or to fee schedule	
Date received:		
Fate secessor		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



☐ New construction

1- and 2-family dwelling

☐ Accessory building ☐ Master builder

Suite/bldg,/apt, no,:

Subdivision:

Tax map/parcel no,:

Cross street/directions to job site:

☑ Addition/alteration/replacement

Job site address: 9748 SW Appaloosa Place

Adding 6.5 kW Roof Top Solar PV System

N PROPERTY OWNER

City/State/ZIP: Beaverton OR 97008

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

□ Demolition

☐ Multi-family

Other:

Let no.:

DESCRIPTION OF WORK

☐ Commercial/industrial

Project name: Light

☐ TENANT

Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

OFFICE USE ONLY

OFFICE USE ONLY		
Dale Received:	08/03/2020	Permit No.: B2020-2401
Date Issued:	0/3/2020	6 W\
CITY OF REAVERTO		Payment Type:

OF BEAVERTON Paymen	
I DIMIN DO DE	t Type:
LUING BIXISIONA IL ANI	D 2-FAMILY DWELLING
Permit fees* are based on the vall Indicate the value (rounded to the materials, labor, overhead, and the this application.	ue of the work performed.
Valuation \$18,500.00	·
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMM	ERCIAL-USE CHECKLIST
Permit fees* are based on the val indicate the value (rounded to the materials, labor, overhead, and th this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
New:	TICE

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board **REV 11/19**

Form B70-1001

Name: Brain Light	
Address: 9748 SW Appaloosa Place	
City/State/ZIP: Beaverton OR 97008	
Phone: 503 320-5389	Fax:
E-mail: arhbrl@comcast.net	
☐ APPLICANT	CONTACT PERSON
Business name: Premier Solar NW	
Contact name: Robert M. Rathbone	
Address: 12399 NW Waker Dr.	
city/State/zip: Portland, OR 97229	
Phone: 503-828-9500	Fax:
E-mail: rrathbone@premiersolarnw.com	1
CONTRAC	TOR
Business name: Premier Solar NW	
Address:12399 NW Waker Dr.	
City/State/ZIP:Portland, OR 97229	
Phone: (503) 828-9500	Fax:
CCB lic.:218826	
Authorized Cliffon Portsung	
Print name:	Date: 7/10/20
Clifford Barry	



Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received: 07-28-2020	Permit No.: B2020-3707
Date Issued:	BIN
U(MI)W	Payment Type:

www.BeavertonOi	regon.gov/bib			
TYPE OF	WORK		REQUIRED DATA: 1- A	ND 2-FAMILY DWELLING
☑ New construction	☐ Demolition		Permit fees* are based on the v	he nearest dollar) of all equipment,
☐ Addition/alteration/replacement			materials, labor, overhead, and this application.	the profit for the work indicated on
CATEGORY OF	CONSTRUCTION		Valuation	\$215,363
1- and 2-family dwelling	☐ Commercial/	industrial	Number, of bedrooms:	2
Accessory building	☐ Multi-family		Number of bathrooms;	2.5
☐ Master builder	Other:		Total number of floors:	3
JOB SITE INFORMAT	ION AND LOCA	TION	New dwelling area:	1570 square feet
Job site address: 12434 SW 171st Terrace			Garage/carport area:	475 square feet
City/State/ZIP: Beaverton Oregon			Covered porch area:	36 square feet
Suite/bldg./apt. no.:	Project name: S	South Cooper Mtn Hts	Deck area:	96 square feet
Cross street/directions to job site:			Other structure area:	square feet
· ·				MERCIAL-USE CHECKLIST
Subdivision: South Cooper Mountain Hts	Lot no.: 57		Permit fees* are based on the	
Tax map/parcel no.:			Indicate the value (rounded to t	he nearest dollar) of all equipment, the profit for the work indicated on
DESCRIPTION	N OF WORK		this application.	•
New SFR			Valuation	
New SI II			Existing building area:	square feet
			New building area:	square feet
	· Exercise of Section (Co.)		Number of stories:	Makesanian and the state of the
☑ PROPERTY OWNER		☐ TENANT	Type of construction:	
Name: Everett Custom Homes			Occupancy groups:	
Address: 3330 NW Yeon Ave, Suite 100			Existing:	
City/State/ZIP: Portland, OR 97210	1		New:	-
Phone: (503) 726-7060	Fax:		N.	OTIGE
E-mail: angie@everetthomesnw.com			All contractors and subcontract	ors are required to be licensed with
☐ APPLICANT ☐ CONTACT PERSON		the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is		
Business name: Everett Custom Homes		1.1.11111111111111111111111111111111111	being performed, If the application following reasons apply:	nt is exempt from licensing, the
Contact name: Angle Cook				
Address: 3330 NW Yeon Ave, Suite 100)			
City/State/ZIP: Portland, OR 97210	1			
	Phone: (503) 726-7042 Fax:			
E-mail: angie@everetthomesnw.com			RUU DING	PERMIT FEES*
CONTRA	CTOR			r to fee schedule
Business name: Everett Custom Homes				7 to 100 3011000110
Address: 3330 NW Yeon Ave, Suite 100)		Fees due upon application	
City/State/ZIP: Portland, OR 97210	1_		Amount received	
Phone: (503) 726-7060	Fax:		Date received:	
CCB lic.: 189447				pires if a permit is not obtained
Authorized signature: Angui Cork		1	* Fee methodology set by	as been accepted as complete Tri-County Building
Print name:		Date:	Industry Service Board	

07/13/20

Angie Cook

Industry Service Board

Form B70-1001

REV 11/19



Angie Cook

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

	CE USE ONLY
Date Received: 07/28/2020	Permit No.: B2018-3705
Date Issued: 8 3 7030	(By:
	Payment Type:

TYPE OF	- WORK
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF	CONSTRUCTION
	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFORMAT	ION AND LOCATION
Job site address: 12500 SW 171st Terrace)
city/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
	1
Subdivision: South Cooper Mountain Hts	Lot no.: 56
Tax map/parcel no.:	
DESCRIPTIO	N OF WORK
PROPERTY OWNER	☐ TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100)
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: angie@everetthomesnw.com	
☑ APPLICANT	☐ CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Angle Cook	
Address: 3330 NW Yeon Ave, Suite 100)
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7042	Fax:
E-mail: angie@everetthomesnw.com	
CONTRA	CTOR
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	0
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB IIc.: 189447	Fax:

Date:

07/13/20

REQUIRED DATA: 1-	of Section 2000 and the section of the section 2000 and the section 2000	
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application.	the nearest do	llar) of all equipment,
Valuation		\$221,277
Number, of bedrooms:		3
Number of bathrooms:		2.5
Total number of floors:		. 3
New dwelling area:	1795 s	quare feet
Garage/carport area:	608 s	quare feet
Covered porch area:	36 s	quare feet
Deck area:	108 s	quare feet
Other structure area:	S	quare feet
REQUIRED DATA: COM	MMERCIAL-US	SE CHECKLIST
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, an this application.	the nearest do	llar) of all equipment,
Valuation		
Existing building area:	s	quare feet
New building area:	\$	square feet
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
2517	NOTICE	
All contractors and subcontractive Oregon Construction Contraction May be required to be license being performed. If the application following reasons apply:	tractors Board d in the jurisdic	under ORS 701 and ction in which work is
		·
BUILDING	PERMIT	ES*
Please ref	er to fee sched	fule
Fees due upon application		
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Authorized signature:

Print name:

Blaine Burris

Building Permit Application

Community Development Department, Building Division City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 07/14/2020 Date Issued: 8-3-20 Permit No.: B2020-2453

Ву: ДД

Payment Type: Visa

	-33			
TYPE OI	F WORK .	REQUIRED DATA: 1- AND 2-FA		
☐ New construction	☐ Demolition	Permit fees* are based on the value of the indicate the value (rounded to the neares	st dollar) of all equipment,	
☑ Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.		
CATEGORY OF	CONSTRUCTION	Valuation		
1- and 2-family dwelling	□ Commercial/industrial	Number, of bedrooms:		
☐ Accessory building	☐ Multi-family	Number of bathrooms:		
☐ Master builder	☐ Other:	Total number of floors:		
JOB SITE INFORMAT	TON AND LOCATION	New dwelling area:	square feet	
Job site address: 15201 NW Greenbrier Pl	kwy., Bldg 'B'	Garage/carport area;	square feet	
City/State/ZIP: Beaverton, OR 97006		Covered porch area:	square feet	
Suite/bldg./apt. no,:	Project name: Botanical Solutions Electrical Rm	· · · · · · · · · · · · · · · · · · ·		
Cross street/directions to job site: 158th & NW	Greenbrier Pkwy.	Deck area:	square feet	
		Other structure area:	square feet	
Neighborhood: Five Oaks/Triple Cree		REQUIRED DATA: COMMERCIA		
Subdivision:	Lot no.:	Permit fees* are based on the value of the Indicate the value (rounded to the neare	st dollar) of all equipment,	
Tax map/parcel no.: 1N132AC00400	SU - Company	materials, labor, overhead, and the profithis application.	t for the work indicated on	
	N OF WORK	Valuation \$10,000.00		
Provide existing electrical equipment/ within existing tenant space. And prov	panels a one-hour rated enclosure	Existing building area: 22,884	square feet	
future mechanical equipment.	vide (Wo exterior refreed corruis to)	New building area:	square feet	
		Number of stories: One		
☐ PROPERTY OWNER		Type of construction: III-B Full S	orinkler Coverage	
Name: Jones Lang Lasalle		Occupancy groups: F-1 & B Exi	sting & to Remain	
Address: 15455 NW Greenbrier Pkw	y, Suite 245	Existing:		
City/State/ZIP: Beaverton, OR 97060		New:		
Phone: 503 629 9400	Fax:	NOTICE		
E-mail:		All contractors and subcontractors are r	equired to be licensed with	
M APPLICANT	All contractors and subcontractors are required to be licensed wit the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is			
Business name: Ankrom Moisan Archite	cts, Inc.	being performed. If the applicant is exer		
Contact name: Blaine Burris		following reasons apply:		
Address: 38 NW Davis St., Ste #300				
City/State/ZIP: Portland, OR 97209				
Phone: 503-952-1324	Fax:			
E-mail: blaineb@ankrommoisan.com				
CONTRA	CTOR	BUILDING PERMIT	FEES*	
Business name: Pacific Crest Construction	n	Please refer to fee s	chedule	
Address: 24111 NE Halsey ST., STE	#400	Fees due upon application	\$285.65	
City/State/ZIP: Troutdale, OR 97060		Amount received		
Phone: 503-669-8570	Fax:	Date received:		
CCB IIc.: OR - 56255	0			

Date: 07-08-20

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Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Richard J Clooten

Building Permit Application

Community Development Department, Building Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

OFFIC	E USE ONLY
Date Received: 6/23/2020	Permit No.: B2020-2148
Date Issued: 203 2090	(By: C
	Payment Type:

Ţ	PE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☑ Other:Deck and cover
CATEGOR	Y OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFO	ORMATION AND LOCATION
Job site address: 15753 SW Wren La	ne
City/State/ZIP:Beaverton 97007	
Suite/bldg./apt. no.:	Project name: SW Wren
Cross street/directions to job site: Turnstor	ne Ave
and Townships	
Subdivision: Turnstone	Lot no.:
Tax map/parcel no.: R2204305	RIPTION OF WORK
ū	
□ PROPERTY OWNER	☐ TENANT
☐ PROPERTY OWNER Name: Nathan Siemer and Shelly	☐ TENANT
	☐ TENANT
Name:Nathan Siemer and Shelly	☐ TENANT
Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane	☐ TENANT
Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007	☐ TENANT Ralston
Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007 Phone: 503-709-6531	☐ TENANT Ralston
Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007 Phone: 503-709-6531 E-mail:	Ralston Fax:
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Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007 Phone: 503-709-6531 E-mail:	Ralston Fax:
Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007 Phone: 503-709-6531 E-mail: APPLICANT Business name: RJ Clooten Homes Contact name: Rich Clooten	☐ TENANT Ralston Fax: ☐ CONTACT PERSON
Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007 Phone: 503-709-6531 E-mail:	☐ TENANT Ralston Fax: ☐ CONTACT PERSON
Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007 Phone: 503-709-6531 E-mail: APPLICANT Business name: RJ Clooten Homes Contact name: Rich Clooten Address: PO Box 7464 City/State/ZIP: Beaverton, OR 97007	Fax: CONTACT PERSON
Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007 Phone: 503-709-6531 E-mail: GAPPLICANT Business name: RJ Clooten Homes Contact name: Rich Clooten Address: PO Box 7464 City/State/ZIP: Beaverton, OR 97007 Phone: 503-476-5605 E-mail: rclooten@hotmail.com	Fax: CONTACT PERSON
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Name: Nathan Siemer and Shelly Address: 15753 SW Wren Lane City/State/ZIP: Beaverton 97007 Phone: 503-709-6531 E-mail: Business name: RJ Clooten Homes Contact name: Rich Clooten Address: PO Box 7464 City/State/ZIP: Beaverton, OR 97007 Phone: 503-476-5605 E-mail: rclooten@hotmail.com cc Business name: RJ Clooten Homes Address: PO Box 7464 City/State/ZIP: Beaverton, OR 97007	Fax: CONTACT PERSON

Date:

6/19/20

REQUIRED DATA: 1- A	ND 2-FAMILY DWELLING
Permit fees* are based on the vi Indicate the value (rounded to the materials, labor, overhead, and this application.	alue of the work performed. ne nearest dollar) of all equipment, the profit for the work indicated on
Valuation	\$10,000
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	276 square feet
Other structure area:	square feet
REQUIRED DATA: COM	MERCIAL-USE CHECKLIST
Permit fees* are based on the v Indicate the value (rounded to the materials, labor, overhead, and this application.	alue of the work performed. ne nearest dollar) of all equipment, the profit for the work indicated on
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	la l
Existing:	
New:	
NC NC	OTICE
the Oregon Construction Contra	ors are required to be licensed with actors Board under ORS 701 and in the jurisdiction in which work is it is exempt from licensing, the
	PERMIT: FEES*
Fees due upon application	173.87
Amount received	
Date received:	

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Form B70-1001